DOYEN DIAGNOSTIC AND RESEARCH FOUNDATION

87/G/2, R.N. Tagore Road, Berhampore Murshidabad- 742101 WEST BENGAL,7277370071 / 9832514328

BILL / MONEY RECEIPT

Bill No.: 1 **Date:** 18/03/2026

Name.: SABINA BIBI **Time:** 01:48:19

Add/Ph.: **Age/Gender:** 36 Yr / FEMALE

Referred by.: DR.EMDADUL HOQUE
Associate: B.SK **Sub Associate:**

Test Parameter	Rate
IgE TOTAL	800.00
TSH (Thyroid Stimulating Hormone)	350.00
Widal Test (Slide Method)	350.00
Complete Haemogram	350.00
Uric Acid	180.00
Collection Charge	0.00
Total Value	**2030.00**

Authorised Signatory