DOYEN DIAGNOSTIC AND RESEARCH FOUNDATION

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

BILL / MONEY RECEIPT

Bill No.: 3 **Date:** 04/11/2025

Name.: SAHANARA BIBI **Time:** 03:19:54

Add/Ph.: **Age/Gender:** 55 Yr / FEMALE

Referred by.: DR. SUSHEN CHATTOPADHAY

Associate: RVH **Sub Associate:**

Test Parameter	Rate
Complete Haemogram	350.00
Urea	150.00
Creatinine	150.00
LFT (Liver Function Test)	750.00
FT4 & TSH	750.00
Urine RE (Routine Examination)	100.00
Glucose Fasting	80.00
Collection Charge	0.00
Total Value	**2330.00**

Authorised Signatory