

BILL / MONEY RECEIPT

Bill No.:1

Date:04/01/2023

Name.:SANTANU GANGULY

Time:05:39:00

Address:

Age/Gender:0 Yr / MALE

Ph.:

Referred by.:

Test Parameter	Rate
Hb, TC, DC & ESR	100.00
Glucose Fasting	50.00
CT Scan Brain	1500.00
USG Whole Abdomen	900.00
Total Value	2550.00