

COMPANY

Address

Bill / MONEY RECEIPT

Card No :
Bill No : **MSL/189218/B-11148**
Name : **KUM KUM BHATTACHERJEE**
Address :
Contact :
Ref.by : **DR. A. DATTA**

P.ID : **188551**
Age/Sex : **50Y / FEMALE**

Date & Time : **10/02/22 06:30 PM**
Rep.Del.Time : **7:00 P.M. to 8:00 P.M.**
Working Hrs. : **8:00 A.M. to 8:00 P.M.**
Asso./Sub-Asso.: **KNR/1**
Sample SRC : **O.S.S.**

PARAMETER	SPECIMEN	CODE	DEPT	TEST DT.	REP.DT.	RATE
Glucose PP (Post Prandial)	Sodium Fluoride Plasma	PT		10/02/22	10/02/22/Fri	70.00

No of Test(s) : 1	Gross Amount:	70
Case His. :	Discount :	0
Remarks :	Coll. Charge :	0
Rs.In Word : [Rupees seventy only]	Net Amount :	70
	Recd.Amount :	70
	Due Amount :	0

E. & O. E.
Prep. By : TANMOY