

COMPANY

Address

Bill / MONEY RECEIPT

Card No :
Bill No : **MSL/189221/B-11151**
Name : **SIMMI SINGH**
Address :
Contact :
Ref.by : DR. N. SENAPATI

P.ID : **188554**
Age/Sex : 28Y / 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/2
Sample SRC : O.S.S.

PARAMETER	SPECIMEN	CODE	DEPT	TEST DT.	REP.DT.	RATE
Complete Haemogram	EDTA WHOLE BLOOD		PT	10/02/22	10/02/22/Fri	300.00
F-T4 & TSH			PT	10/02/22	10/02/22/Fri	550.00
Glucose Fasting	Sodium Fluoride Plasma		PT	10/02/22	10/02/22/Fri	70.00

No of Test(s) : 3
Case His. :
Remarks :
Rs.In Word : [Rupees nine hundred twenty only]

Gross Amount: **920**
Discount : **0**
Coll. Charge : **0**
Net Amount : **920**
Recd.Amount : **920**
Due Amount : **0**

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