

COMPANY

Address

Bill / MONEY RECEIPT

Card No :
Bill No : **MSL/189223/B-11153**
Name : **ALPANA PAYNE**
Address :
Contact :
Ref.by : DR. P.A. XESS

P.ID : **188556**
Age/Sex : 44Y / 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/3
Sample SRC : O.S.S.

PARAMETER	SPECIMEN	CODE	DEPT	TEST DT.	REP.DT.	RATE
LH (Lutenising Hormone)	Serum		PT	10/02/22	10/02/22/Fri	350.00
FSH (Follicle Stimulating Hormone)	(Serum)		PT	10/02/22	10/02/22/Fri	350.00

No of Test(s) : 2	Gross Amount:	700
Case His. :	Discount :	0
Remarks :	Coll. Charge :	0
Rs.In Word : [Rupees seven hundred only]	Net Amount :	700
	Recd.Amount :	700
	Due Amount :	0

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