

COMPANY

Address

Bill / MONEY RECEIPT

Card No :
Bill No : **MSL/189226/B-11156**
Name : **SUSIL KR MANNA**
Address :
Contact :
Ref.by : **DR. A. GHOSH**

P.ID : **188559**
Age/Sex : **74Y / MALE**

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/5
Sample SRC : O.S.S.

PARAMETER	SPECIMEN	CODE	DEPT	TEST DT.	REP.DT.	RATE
CRP (C-Reactive Protein)	Serum		PT	10/02/22	10/02/22/Fri	400.00
Sodium (Serum)	Serum		PT	10/02/22	10/02/22/Fri	150.00
Potassium (Serum)	serum		PT	10/02/22	10/02/22/Fri	150.00

No of Test(s) : 3	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