

COMPANY

Address

Bill / MONEY RECEIPT

Card No :
Bill No : **MSL/189227/B-11157**
Name : **BANI TALAPATRA**
Address :
Contact :
Ref.by :
P.ID : **188560**
Age/Sex : 70Y / 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/6
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
Uric Acid (Serum)	Serum	PT		10/02/22	10/02/22/Fri	150.00

No of Test(s) : 2	Gross Amount: 220
Case His. :	Discount : 0
Remarks :	Coll. Charge : 0
Rs.In Word : [Rupees two hundred twenty only]	Net Amount : 220
	Recd.Amount : 220
	Due Amount : 0

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