

COMPANY

Address

Bill / MONEY RECEIPT

Card No :
Bill No : **MSL/189229/B-11159**
Name : **OSMAN MOLLA**
Address :
Contact :
Ref.by : **DR. S. MODAK**

P.ID : **188562**
Age/Sex : **72Y / 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/7**
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
Glucose Fasting	Sodium Fluoride Plasma		PT	10/02/22	10/02/22/Fri	70.00
TSH Thyroid Stimulating Hormone(TSH)	Serum		PT	10/02/22	10/02/22/Fri	300.00
LFT (Liver Function Test)			PT	10/02/22	10/02/22/Fri	600.00
Creatinine (Serum)	Serum		PT	10/02/22	10/02/22/Fri	150.00
Urine RE (Routine Examination)	Random urine		PT	10/02/22	10/02/22/Fri	100.00
Urine Culture & Sensitivity	Fasing Urine		PT	10/02/22	13/02/22/Mon	250.00

No of Test(s) : 7
Case His. :
Remarks :
Rs.In Word : [Rupees one thousand seven hundred seventy only]

Gross Amount: **1770**
Discount : **0**
Coll. Charge : **0**
Net Amount : **1770**
Recd.Amount : **1770**
Due Amount : **0**

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