

COMPANY

Address

Bill / MONEY RECEIPT

Card No :
Bill No : **MSL/189232/B-11162**
Name : **SIKHA CHATTERJEE**
Address :
Contact :
Ref.by : **DR. S. MODAK**

P.ID : **188565**
Age/Sex : **65Y / FEMALE**

Date & Time : 10/02/22 06:31 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/9**
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
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
LFT (Liver Function Test)		PT		10/02/22	10/02/22/Fri	600.00
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	Gross Amount: 1620
Case His. :	Discount : 0
Remarks :	Coll. Charge : 0
Rs.In Word : [Rupees one thousand six hundred twenty only]	Net Amount : 1620
	Recd.Amount : 1620
	Due Amount : 0

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