

COMPANY

Address

Bill / MONEY RECEIPT

Card No :
Bill No : **MSL/189234/B-11164**
Name : **ANITA CHAKRABORTY**
Address :
Contact :
Ref.by : DR. K.C. CHANDA

P.ID : **188567**
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/10
Sample SRC : O.S.S.

PARAMETER	SPECIMEN	CODE	DEPT	TEST DT.	REP.DT.	RATE
Lipid Profile			PT	10/02/22	10/02/22/Fri	600.00
No of Test(s) : 1						Gross Amount: 600
Case His. :						Discount : 0
Remarks :						Coll. Charge : 0
Rs.In Word : [Rupees six hundred only]						Net Amount : 600
						Recd.Amount : 600
						Due Amount : 0
						E. & O. E. Prep. By : TANMOY