

COMPANY

Address

Bill / MONEY RECEIPT

Card No :
Bill No : **MSL/189237/B-11167**
Name : **JAYANTI SARKAR**
Address :
Contact :
Ref.by : **DR. ARITRA GHOSH**

P.ID : **188570**
Age/Sex : **35Y / 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/11**
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
Uric Acid (Serum)	Serum		PT	10/02/22	10/02/22/Fri	150.00
RA (Rheumatoid Factor)	Serum		PT	10/02/22	10/02/22/Fri	425.00
TSH Thyroid Stimulating Hormone(TSH)	Serum		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

No of Test(s) : 5	Gross Amount: 1245
Case His. :	Discount : 0
Remarks :	Coll. Charge : 0
Rs.In Word : [Rupees one thousand two hundred fourty five only]	Net Amount : 1245
	Recd.Amount : 1245
	Due Amount : 0

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