

COMPANY

Address

Bill / MONEY RECEIPT

Card No :
Bill No : **MSL/189239/B-11169**
Name : **MRS SATNAM KAUR**
Address :
Contact :
Ref.by : **DR. P. CHAUDHURI**

P.ID : **188572**
Age/Sex : **39Y / 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/12**
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
HbA1c (Glycosylated Haemoglobin) [HPLC system]		PT		10/02/22	10/02/22/Fri	500.00

No of Test(s) : 3
Case His. :
Remarks :
Rs.In Word : [Rupees eight hundred seventy only]

Gross Amount: **870**
Discount : **0**
Coll. Charge : **0**
Net Amount : **870**
Recd.Amount : **870**
Due Amount : **0**

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