

**MEDICAIDS PATH LAB AND XRAY CLINIC**

**6, IGM LANE, AGARTALA-799001 ,+91 9436120900/7005161005**

**BILL / MONEY RECEIPT**

**Bill No.:** 3 **Date:** 01/05/2024  
**Name.:** ABCD **Time:** 10:53:31  
**Add/Ph.:** **Age/Gender:** 0 Yr / MALE  
**Referred by.:** XYZ  
**Associate:** LAKE **Sub Associate:**

<b>Test Parameter</b>	<b>Rate</b>
CT (Clotting Time)	10.00
<b>Collection Charge</b>	0.00
<b>Total Value</b>	<b>10.00</b>

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Authorised Signatory