

## BILL / MONEY RECEIPT

**Bill No.:** 2 **Date:** 05/04/2022  
**Name.:** ASRAFUL HOSSAIN **Time:** 01:08:39  
**Add/Ph.:** **Age/Gender:** 17 Yr / MALE  
**Referred by.:** SK.FEROJ AHAMED  
**Associate:** MNTS **Sub Associate:**

Test Parameter	Rate
Glucose Fasting	70.00
Glucose PP (Post Prandial)	70.00
HbA1c (Glycosylated Haemoglobin) [HPLC system]	500.00
Thyroid Stimulating Hormone(TSH)	300.00
Urine RE (Routine Examination)	100.00
Urine Culture & Sensitivity	250.00
<b>Collection Charge</b>	0.00
<b>Total Value</b>	<b>1290.00</b>

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Authorized Signatory