

## BILL / MONEY RECEIPT

**Bill No.:** 9 **Date:** 28/03/2022  
**Name.:** DEBOBRATA GON **Time:** 03:59:25  
**Add/Ph.:** **Age/Gender:** 56 Yr / MALE  
**Referred by.:** A.MAJI  
**Associate:** MNTS **Sub Associate:**

Test Parameter	Rate
Glucose Fasting	70.00
Glucose PP (Post Prandial)	70.00
Creatinine (Serum)	100.00
Hb (Haemoglobin)	70.00
Lipid Profile	600.00
<b>Collection Charge</b>	0.00
<b>Total Value</b>	<b>910.00</b>

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Authorized Signatory