

BILL / MONEY RECEIPT

Bill No.: 1 Date: 13/01/2023
Name.: DEMO PATIENT Time: 01:47:09
Add/Ph.: 9874572341 Age/Gender: 39 Yr / MALE
Referred by.: DR SELF
Associate: D1 Sub Associate:

Test Parameter	Rate
Glucose Fasting	50.00
Hb, TLC, DLC & ESR	180.00
Collection Charge	0.00
Total Value	230.00

Authorised Signatory