

BILL / MONEY RECEIPT

**Bill No.:** 1 **Date:** 04/06/2023  
**Name.:** DEMO **Time:** 01:51:42  
**Add/Ph.:** 9874572341 **Age/Gender:** 37 Yr / MALE  
**Referred by.:** DR SELF  
**Associate:** D1 **Sub Associate:**

Test Parameter	Rate
Glucose Fasting	50.00
LFT (Liver Function Test)	650.00
<b>Collection Charge</b>	0.00
<b>Total Value</b>	<b>700.00</b>

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Authorised Signatory