

## BILL / MONEY RECEIPT

**Bill No.:** 13 **Date:** 02/05/2022  
**Name.:** DR.D.MUKHERJEE **Time:** 03:33:07  
**Add/Ph.:** **Age/Gender:** 42 Yr / MALE  
**Referred by.:** SELF **Sub Associate:**  
**Associate:** MNTS

| Test Parameter     | Rate           |
|--------------------|----------------|
| T3 T4 - TSH        | 600.00         |
| Lipid Profile      | 600.00         |
| Collection Charge  | 0.00           |
| <b>Total Value</b> | <b>1200.00</b> |

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Authorised Signatory