

BILL / MONEY RECEIPT

Bill No.: 14 **Date:** 02/05/2022
Name.: DR.SUMAN MUKHERJEE **Time:** 03:35:36
Add/Ph.: **Age/Gender:** 38 Yr / FEMALE
Referred by.: SELF **Sub Associate:**
Associate: MNTS

Test Parameter	Rate
T3 T4 - TSH	600.00
Lipid Profile	600.00
Collection Charge	0.00
Total Value	1200.00

Authorized Signatory