# MEDICITY SPECIALITY LABORATORY PVT. LTD.

## BILL / MONEY RECEIPT

**Bill No.:** 12 **Date:** 18/05/2022

**Name.:** GITA ROY **Time:** 04:21:36

**Add/Ph.:** **Age/Gender:** 49 Yr / FEMALE

**Referred by.:** S.DAS
**Associate:** MNTS **Sub Associate:**

| Test Parameter | Rate |
|---|---|
| Lipid Profile | 600.00 |
| **Collection Charge** | 0.00 |
| **Total Value** | **600.00** |

Authorised Signatory