

BILL / MONEY RECEIPT

Bill No.: 1 **Date:** 13/04/2024
Name.: HNKHK **Time:** 05:36:43
Add/Ph.: **Age/Gender:** 551 Yr / NA
Referred by.:
Associate: JSM **Sub Associate:**

Test Parameter	Rate
Creatinine	120.00
Collection Charge	0.00
Total Value	120.00

 Authorised Signatory