

## BILL / MONEY RECEIPT

**Bill No.:** 10 **Date:** 02/05/2022  
**Name.:** JHUMA SAHA **Time:** 03:29:26  
**Add/Ph.:** **Age/Gender:** 43 Yr / FEMALE  
**Referred by.:** AMITABHA DAS  
**Associate:** MNTS **Sub Associate:**

Test Parameter	Rate
Glucose Fasting	70.00
Thyroid Stimulating Hormone(TSH)	300.00
Uric Acid (Serum)	120.00
Lipid Profile	600.00
25 OH Cholecalciferol (Vitamin D3)	1200.00
<b>Collection Charge</b>	0.00
<b>Total Value</b>	<b>2290.00</b>

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Authorized Signatory