

BILL / MONEY RECEIPT

Bill No.: 19 **Date:** 28/03/2022
Name.: MANA DUTTA **Time:** 04:35:29
Add/Ph.: **Age/Gender:** 47 Yr / FEMALE
Referred by.: SELF **Sub Associate:**
Associate: MNTS

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

Authorised Signatory