

## BILL / MONEY RECEIPT

**Bill No.:** 7 **Date:** 29/04/2022  
**Name.:** MIRA SHAW **Time:** 04:14:16  
**Add/Ph.:** **Age/Gender:** 36 Yr / FEMALE  
**Referred by.:** V.V. LAXMAN  
**Associate:** MNTS **Sub Associate:**

Test Parameter	Rate
Complete Blood Count CBC	250.00
LFT (Liver Function Test)	600.00
CRP (C-Reactive Protein)	400.00
Creatinine (Serum)	100.00
T3 T4 - TSH	600.00
<b>Collection Charge</b>	0.00
<b>Total Value</b>	<b>1950.00</b>

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Authorized Signatory