

BILL / MONEY RECEIPT

Bill No.: 1 **Date:** 22/04/2022
Name.: MOMIN SK **Time:** 04:05:38
Add/Ph.: **Age/Gender:** 2 Yr 3 Month / MALE
Referred by.: B.M.C. HOSPITAL
Associate: MNTS **Sub Associate:**

Test Parameter	Rate
TC DC HB ESR	120.00
Iron Profile	2650.00
Collection Charge	0.00
Total Value	2770.00

Authorised Signatory