

**BILL / MONEY RECEIPT**

**Bill No.:** 15 **Date:** 06/05/2022  
**Name.:** MRS.BIJLI DALUI **Time:** 04:05:58  
**Add/Ph.:** **Age/Gender:** 54 Yr / FEMALE  
**Referred by.:** ANIRBAN DAS  
**Associate:** MNTS **Sub Associate:**

Test Parameter	Rate
Sodium (Serum)	150.00
Potassium (Serum)	150.00
Urea (Serum)	100.00
Creatinine (Serum)	100.00
Lipid Profile	600.00
Glucose Fasting	70.00
HbA1c (Glycosylated Haemoglobin) [HPLC system]	500.00
F-T4 - TSH	550.00
<b>Collection Charge</b>	0.00
<b>Total Value</b>	<b>2220.00</b>

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 Authorised Signatory