

## BILL / MONEY RECEIPT

**Bill No.:** 1 **Date:** 07/04/2022  
**Name.:** NEPAL CHAWDHURY **Time:** 10:16:52  
**Add/Ph.:** **Age/Gender:** 62 Yr / MALE  
**Referred by.:** B.BARMAN  
**Associate:** HLN **Sub Associate:**

Test Parameter	Rate
Creatinine (Serum)	100.00
Uric Acid (Serum)	120.00
Lipid Profile	600.00
ASO (Anti Streptolysin - O)	425.00
RA (Rheumatoid Factor)	425.00
25 OH Cholecalciferol (Vitamin D3)	1200.00
F-T4 - TSH	550.00
<b>Collection Charge</b>	0.00
<b>Total Value</b>	<b>3420.00</b>

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Authorized Signatory