

## BILL / MONEY RECEIPT

**Bill No.:** 15 **Date:** 28/03/2022  
**Name.:** NIRANJAN ROY **Time:** 04:30:26  
**Add/Ph.:** **Age/Gender:** 79 Yr / MALE  
**Referred by.:** SELF **Sub Associate:**  
**Associate:** MNTS

Test Parameter	Rate
Sodium (Serum)	150.00
Potassium (Serum)	150.00
<b>Collection Charge</b>	0.00
<b>Total Value</b>	<b>300.00</b>

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Authorised Signatory