

## BILL / MONEY RECEIPT

**Bill No.:** 2 **Date:** 02/04/2022  
**Name.:** RUBINA MONDAL **Time:** 03:44:34  
**Add/Ph.:** **Age/Gender:** 27 Yr / FEMALE  
**Referred by.:** M.O **Sub Associate:**  
**Associate:** MNTS

Test Parameter	Rate
Hb (Haemoglobin)	70.00
Glucose Fasting	70.00
T3 T4 - TSH	600.00
Lipid Profile	600.00
<b>Collection Charge</b>	0.00
<b>Total Value</b>	<b>1340.00</b>

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Authorised Signatory