

## BILL / MONEY RECEIPT

**Bill No.:** 2 **Date:** 18/05/2022  
**Name.:** SABINA BIBI **Time:** 02:23:18  
**Add/Ph.:** **Age/Gender:** 20 Yr / FEMALE  
**Referred by.:** SK.K,HOSSAIN  
**Associate:** MNTS **Sub Associate:**

Test Parameter	Rate
LFT (Liver Function Test)	600.00
Amylase	300.00
Lipase (Serum)	300.00
<b>Collection Charge</b>	0.00
<b>Total Value</b>	<b>1200.00</b>

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Authorised Signatory