

BILL / MONEY RECEIPT

Bill No.: 4 **Date:** 02/05/2022
Name.: SAINA KHAN **Time:** 01:53:35
Add/Ph.: **Age/Gender:** 47 Yr / FEMALE
Referred by.: M.O **Sub Associate:**
Associate: MNTS

Test Parameter	Rate
T3 T4 - TSH	600.00
Collection Charge	0.00
Total Value	600.00

Authorised Signatory