

BILL / MONEY RECEIPT

Bill No.: 16 **Date:** 28/03/2022
Name.: SHIBANI BANERJEE **Time:** 04:31:40
Add/Ph.: **Age/Gender:** 40 Yr / FEMALE
Referred by.: B.M.C.HOSPITAL
Associate: MNTS **Sub Associate:**

Test Parameter	Rate
F-T4 - TSH	550.00
Prothrombin Time(PT) with INR	220.00
Collection Charge	0.00
Total Value	770.00

Authorised Signatory