

BILL / MONEY RECEIPT

Bill No.: 3 **Date:** 06/05/2022
Name.: SIRAJUL SK **Time:** 02:31:25
Add/Ph.: **Age/Gender:** 22 Yr / MALE
Referred by.: S.S.K.M.HOSPITAL
Associate: MNTS **Sub Associate:**

Test Parameter	Rate
T3 T4 - TSH	600.00
GGT (Gamma GT)	400.00
Collection Charge	0.00
Total Value	1000.00

Authorised Signatory