

BILL / MONEY RECEIPT

Bill No.: 6 **Date:** 02/04/2022
Name.: SUPARNA DEY **Time:** 03:53:53
Add/Ph.: **Age/Gender:** 42 Yr / FEMALE
Referred by.: M.O **Sub Associate:**
Associate: MNTS

Test Parameter	Rate
LFT (Liver Function Test)	600.00
Collection Charge	0.00
Total Value	600.00

Authorized Signatory