

BILL / MONEY RECEIPT

Bill No.: 9 **Date:** 01/04/2022
Name.: SUSANTA ROY **Time:** 05:24:07
Add/Ph.: **Age/Gender:** 54 Yr / MALE
Referred by.: SELF **Sub Associate:**
Associate: MNTS

Test Parameter	Rate
Lipid Profile	600.00
Creatinine (Serum)	100.00
Sodium (Serum)	150.00
Potassium (Serum)	150.00
Collection Charge	0.00
Total Value	1000.00

Authorised Signatory