

BILL / MONEY RECEIPT

Bill No.: 2 **Date:** 12/10/2022
Name.: TEST **Time:** 05:04:10
Address: Kol
Ph.: 9830308008 **Age/Gender:** 0 Yr / NA

Referred by.:

Test Parameter	Rate
TSH (Thyroid Stimulating Hormone)	340.00
Total Value	340.00