

Bill / Money Receipt



Patient Name : Baby.SEHAJ KAUR

Age : 5 M 12 D**Sex :** Female

Referred By : Dr. Self

Contact No. : 8699785331

Bill No : FD01/22-23/00038075

Reg. Date : 17-Jan-2023 10:41:36

Patient ID : 38075

Lab No. : 012301170034

Email ID

Sr.No	Department	Test Name	Test Rate
1	BIOCHEMISTRY	COVID ANTIBODIES- TOTAL	1400.00
2	Clinical Biochemistry	LIVER FUNCTION TEST(LFT)	150.00
3	Clinical Biochemistry	C-Reactive Protein, CRP	120.00
4	HEMATOLOGY	Complete Blood Count,CBC	60.00

Gross Amount : 1730.00

at 17-Jan-2023 10:41:36

Discount Amount: 0.00

Net Amount: 1730.00

Paid Amount : 0.00

Due Amount : 1730.00

Print DateTime : 17-01-2023 22:14:42 **Created By :** Harshpreet

Online Url:

Username: 38075

Password: 012301170034

Auth. Signatory