

careVista Superspeciality Hospital



Labtest Bill

Patient ID: 21

Bill No: LB7025

Patient Name: Ila Ghosh

Billing Date: 09/03/2022

Gender / Age: --SELECT-- / 2022 yrs

Test Type: Blood Analysis

Contact No:

Testing Date: 02-12-2021

Address: ,

Test Name	Rate
Complete Blood Count (CBC)	300

Total Amount:Rs. 300

All Patient records are confidential and are revealed to the patient or his/her authorized representative only.