

# careVista Superspeciality Hospital



## Labtest Bill

**Patient ID:** 21

**Bill No:** LB5905

**Patient Name:** Ila Ghosh

**Billing Date:** 28/02/2022

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

**Test Type:** Blood Analysis

**Contact No:**

**Testing Date:** 02-12-2021

**Address:** ,

Test Name	Rate
Complete Blood Count (CBC)	320

**Total Amount:Rs. 320**

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