**<COMPANY NAME AND LOCATION> Customer Copy**

<Address Line 1>

<Address Line 1>

<Ph: 9876543210>

Receipt No : 27 Receipt Date : 2022-06-05 Print Date : 2022-06-05

Received with thanks from : shafeek Gender : M Child : Null Age : 21

Email : s@mail.com, Mobile No. : 789456

Prescribed by : doctor1, Hospital : hosp10

| **Sl No** | **Test Code** | **Test Description** | **Discount** | **Amount** |
| --- | --- | --- | --- | --- |
| **1.** | 1302R | GLUCOSE RANDOM, PLASMA (RBS) | **0.00** | **40.00** |
| **2.** | 1312F | GLUCOSE FASTING (FBS) | **10.00** | **90.00** |
| **TOTAL AMOUNT** | | | **10.00** | **130.00** |
|  | | | **Other Charges** | **0.00** |
| **AMOUNT PAYABLE** | | | | **120.00** |

**Advance : 100.00 Balance : 20.00**

Payment Type: By UPI Remarks: <Payment reference/ UPI ID>

Final Report Expected on : 25-Apr-2022 06:00:00 PM

This is a computer Mrated invoice and does not require a signature