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

<Address Line 1>

<Address Line 1>

<Ph: 9876543210>

**Receipt No :** ICR41227003543  **Receipt Date :** olddate **Print Date :** new date

Received with thanks from : <CUSTOMER NAME> Gender : gene Child : nil Age : ag

Email : <customer email address>, Mobile No. : <9876543210>

Prescribed by : <DOCTOR NAME>, Hospital : <HOSPITAL NANE>

| **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 generated invoice and does not require a signature**