

Biil of Test Requist

Print Date: 11/5/2016 6:00:04 PM

Bill No: D141

Patient Name: Kabir

Date of Birth: 01/01/2006

Mobile No: 01712745111

SL	TEST	FEE
1	Dylasis	2500
2	Feet X-Ray	300
3	LS Spine	1100
4	Echo	1000

Total: 4900