



SIVA HOSPITAL
VAITHIYANATHAPURAM, KOTTAR
KANYAKUMARI DIST - 629002

CASH BILL

Patient: **Mr. THIRUNEELA KANDAN (15/M)**

RegDate: 25.05.2021

Ref. Dr: Dr. T. Sivakumar MS., Dip(Lap)

Bill Date: 25.05.2021

Test	Amount
UREA	100.00
CREATININE	100.00
CBC	550.00
CRP	450.00
LFT	600.00
LDH	400.00
FERITTIN	850.00
IL-6	3100.00
D-DIMER	1300.00
RBS	50.00
Bill Amount	7500.00

For  SIVA HOSPITAL

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VAITHIYANATHAPURAM, KOTTAR
KANYAKUMARI DIST - 629002

CASH BILL

Patient: **Mr. THIRUNEELA KANDAN (15/M)**

RegDate: 30.05.2021

Ref. Dr: Dr. T. Sivakumar MS., Dip(Lap)

Bill Date: 30.05.2021

Test	Amount
UREA	100.00
CREATININE	100.00
CBC	550.00
CRP	450.00
LFT	600.00
FERITTIN	850.00
IL-6	3100.00
D-DIMER	1300.00
Bill Amount	7050.00

