

### TEST SUMMARY SLIP

Reg No : 3019  
Name : MR KKKKKKKKKKKKKKKKKKKKK  
Address :  
Tel No : 0000000000

Date : 31/08/2023  
Age/Sex : 22 Year / Male  
Ref Dr. : Dr.Self  
Center : OPD

Sr.No	Test Name	Rate
1 )	Typhoid Test	3,500.00
2 )	Complete Blood Count (CBC)	4,500.00
3 )	Thyroid Function Test (T3,FT4,TSH)	11,000.00

Total : 19,000.00

### FOR ONLINE REPORT

Login with these details at  
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