Patient Requistion

Name : **MR TESTING TESTING**Age/Sex : 22 Year Male
Ref Dr : Main Lab Reg No: **27** Phone: 0000000000

Test Name	TestRate
*24 hrs Urinary Creatinine	200.00
*BLOOD GROUP	150.00
COMPLETE BLOOD COUNT.	250.00
FNAC SAMPLE	2,500.00
LIVER FUNCTION TEST	800.00

Total Charges: 3,900.00