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
LIVER FUNCTION TEST		800.00
	Total Charges :	1,400.00