

BILL CUM RECEIPT

**MAA SHARDA PATHOLOGY**

SHOP NO.5 SONAM GARDEN OPP.MITHALAL JAIN BUNGLOW  
NEW GOLDEN NEST PHASE X1 BHY.(E)  
REG.NO MBMC/HEALTH/2022/890

Name : **Mrs. VEENA DEVADIGA**

Ref By: **Dr. GEETA BOHRA**

Bill No: **15**

Date: **25/9/2023**

TEST NAME

Amount (Fee)

COMPLETE BLOOD COUNT

170.00

Investigation Fee: **170.00**

(+) Visiting Charges: **0**

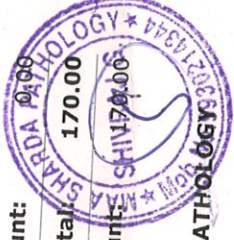
Paid Amount: **0**

Discount:

Total: **170.00**

Balance Amount: **170.00**

Received : Rupees One Hundred Seventy Only.



For **MAA SHARDA PATHOLOGY**

Authorised Signatory