Cell Pathology Lab

Shop no A/5, opposite Gaondevi mandir, pandurangwadi
Dombivli East.
7208700650

BILL CUM RECEIPT

Patient Name	MRS. MADHURI AWATI	Date	09-May-2026
Sex / Age	Female / 34 Years	Bill No	43
Ref. By	MATOSHREE HOSPITAL	Ref. No	
Samp Coll At.	LAB	Phone No.	9819157047

Sr. No	Test Name	Rate
1	CBC	250.00
2	BLOOD GROUP	200.00
3	T3 T4 TSH	550.00
4	VDRL Rapid Strip test	300.00
5	HBsAg	400.00
6	HCV	600.00
7	HIV I & II (ANTIBODIES)	500.00
8	GLUCOSE RANDOM	50.00
9	URINE ROUTINE	150.00

Thanku For Visiting Cell Pathology Lab .
Scan the QR code to download your reports.

PAID

Total Amount	3000.00
Visit Charges	0.00
Total Bill Amount	3000.00
Amount Paid	3000.00
Balance	0.00

This is computer generated invoice no signature required .