



RECEIPT

Name DCDC Health Services
Age/Gender 0 Y 0 M 0 D /Male
Contact No.
Address New Delhi, New Delhi
UHID ADEL.0000122229
PanelName DL9999

Bill DDELB/24-25/00068140
Visit/Reg. Date 12-Apr-2024 01:57PM
Referred By Dr.SELF
Visit No. MDEL122288
Home Collection No
PRO

Particulars	Amount (Rs.)
1 Package ELECTROLYTE PROFILE	1000

Total : 1000
Discount : 0.00

For Online Report: ID: IDDELB22265 Password: 5Q4D9T
Prepared By : HIMANSHI - SRA (DELHI)

Signature