

1441-A, WARD NO.-1, (Opp. R.H.T.C),
NAJAFGARH, NEW DELHI-110043
Tel: 011-25014099/25023836
Mob: +91 - 8588864117/136
Email: doctorsdiagnostic1996@gmail.com

DDC DOCTORS DIAGNOSTIC CENTRE

Excellence in Diagnostics & Healthcare Services

Consultant Pathologist
DR. HEMANT KAPOOR
MD, DPB (Pathology)

Consultant Radiologist
DR. BIPUL BISWAS
MD (Radiology)

NAME – SATBIR SINGH

S/O - SHYAM LAL

AGE - 50 /MALE

DATE – 06-10-2023

REF - APOLLO

DENTAL CONSULTATION

ORAL HYGIENE OF PATIENT IS GOOD.

NO DENTAL CARIES ARE SEEN IN TEETH.

DR. HEMANT KAPOOR
MD, D.P.B.
CONSULTANT PATHOLOGIST
DMC - 36636



This report is for the perusal of doctors only, not for Medico Legal Cases.
Clinical co-relation is essential. Please contact us in case of unexpected results.
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TIMINGS: Daily - 8.00 am to 10.00 pm, Sunday - 8.00 am to 08.00 pm
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NAME - SATBIR SINGH

S/O SHYAM LAL

AGE 50 / MALE

DATE – 06-10-2023

REF APOLLO

DIET CONSULTATION

Satbir singh s/o Shyam lal was provided proper dietary consultation was told about good/ proper dietary habits.

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ID: 276
MR SATBIR SINGH
Male 50 Years

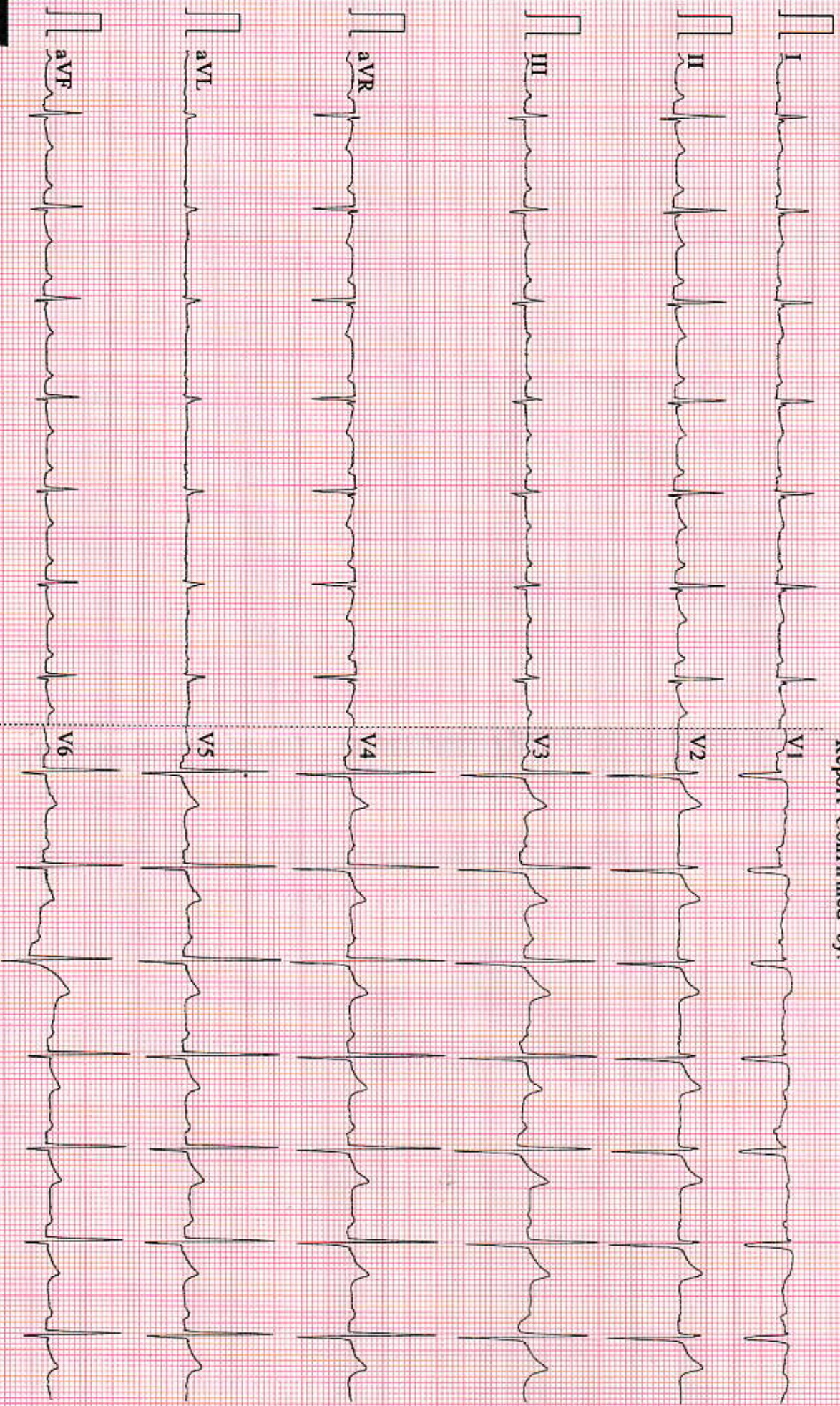
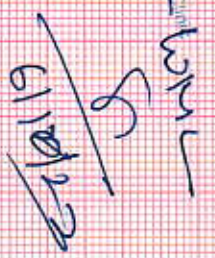


06-10-2023 09:52:08 AM
HR : 86 bpm
P : 93 ms
PR : 171 ms
QRS : 77 ms
QT/QTc : 347/416 ms
P/QRS/T : 62/36/56 °
RV5/SV1 : 1.710/0.718 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:

Dr. Gajveer Singh
MBBS, DNB General Medicine
DMC Regn. Medical Officer
Central Medical Officer
Deer Park Medical Centre
Nepal



0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s 86 V2.2 SEMIP V1.81 DOCTORS DIAGNOSTIC CENTRE

COMPUTERISED EYE TESTING

PH. Off.: 011-25010826
9312247538



INSIGHT OPTICAL POINT

CONSULTANT OPTOMETRIST
& CONTACT LENS SPLT

V.K. GIRDHAR
DIP. OPHTHALMIC TECHNIQUES
(MEDICAL COLLEGE & HOSPITAL,
ROHTAK)
HONY. LECTURER FDOA
(N. DELHI)

OPHTHALMIC OPTICIANS
1-A, 1492, NEAR 817 BUS STAND,
OPP BSES/ELECTRICITY COMPLAINT OFFICE,
NAJAFGARH, NEW DELHI-110043.

REF. NO

DATED 6/12/23

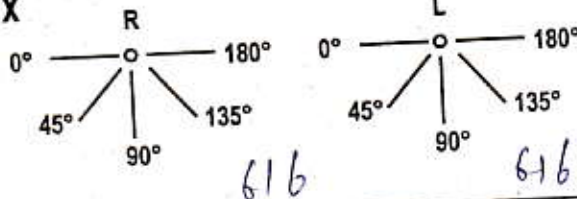
EYE PRESCRIPTION FOR

Mr. Mrs./Miss Sarbjit Singh AGE 50m

FACILITIES AVAILABLE

- ★ EYE SIGHT TESTING
- ★ CONTACT LENS CLINIC
- ★ HEARING AIDS
- ★ LOW VISUAL AIDS
- ★ ARTIFICIAL EYES
- ★ SQUINT CHECK-UP
- ★ ARRANGEMENT FOR SPECTS REMOVAL

Rx



	RIGHT N6			LEFT N6		
	DSPH	DCYL	AXIS	DSPH	DCYL	AXIS
DIST. CONST.	<u>Plano</u>			<u>Plano</u>		
NEAR	<u>0.00</u>		<u>+1.75</u>	<u>0.00</u>		<u>+1.75</u>

Timings :

9 a.m. - 2 p.m., 3p.m. - 7-30 p.m.
(WEDNESDAY CLOSED)

LENSES W / Near only P.D.

REMARKS Color Vision

Abnormal

Signature

(PLEASE BRING THIS PRESCRIPTION SLIP ON YOUR NEXT VISIT)

MEDICAL EXAMINATION REPORT

Date :- 06-10-2023

Customer Name : SATBIR SINGH Age: 50 Years Sex: M / F

Date of Birth: 24/06/1973

Email id: _____

Height: 167 Cms

Weight: 67 Kgs

Chest(Inhale)in cms: 95

Chest(Exhale)in cms: 90

Abdomen(as naval)in cms : 92

BP: 1.) 123/82 mm/hg 2.) 121/80 mm/hg

Pulse rate: 84 /min

BMI : 24.0

Habits:- Yes/No

- a) Alcohol : No
b) Tobacco chewing No
c) Cigarettes/Bidi: No

a) Are you currently on any medication?

Yes / No

b) Diabetes or raised blood sugar?

Yes / No

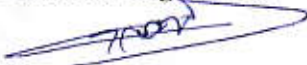
c) Hypertension or blood pressure?

Yes / No

On examination where he/she appears healthy

Yes / No

Customer Signature:-



Name of DR. HEMANT KAPOOR

Signature of Doctor: _____



Qualification: MD, DPB

Registration No. 36636

Dr. HEMANT KAPOOR
MD, DPB
Consultant Pathologist
DMC Regd. No. 36636

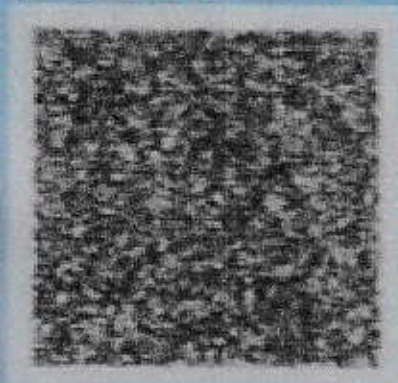
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी आयकर खाता कार्ड
Permanent Account Number Card
CXDPS6100H



नाम
SATEESH SINGH

पिता का नाम
SHYAM LAL

जन्म तिथि
24/06/1972

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06-10-2023
09:55 AM



GPS Map
Camera Lite

1467-68, Saini Mohalla, Najafgarh, New Delhi, Delhi,
 110043, India

Longitude **76.9850717°**
 Altitude 220 meters
 Friday, 06.10.2023

Latitude **28.6138991°**
 Local 09:54:32 AM
 GMT 04:24:32 AM

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ILAC
 International
 Laboratory
 Accreditation
 Continuous Quality Improvement

ISO 9001:2008 CERTIFIED
 Proficiency Testing Programme

90A



Lab NO	072310060001	Sr.No	500
NAME	MR.SATBIR SINGH	Ref. BY	APOLLO
Age / Sex	50 YRS/MALE	Sample Coll DATE	06/Oct/2023 11:13AM
S/O	SHYAMLAL	Approved ON	06/Oct/2023 02:31PM
DATE	06/Oct/2023 09:20AM	Printed ON	06/Oct/2023 04:27PM
B A.9350			

Test Name	Result	Status	Bio. Ref. interval	Unit
PROFILE				
Complete Haemogram (CBC+ESR), Whole Blood EDTA				
Haemoglobin (Hb) <i>Method : Cyanmeth Photometry</i>	15.1		13.00-18.00	gm/dl
Total Leucocytic Count (TLC) <i>Method : Impedance</i>	9100		4000-11000	/cumm
<u>Differential Leucocyte Count</u>				
Neutrophils	58		45.00-75.00	
Lymphocytes	33		20.00-45.00	%
Eosinophils	07	High	1.00-6.00	%
Monocytes	02		0.00-5.00	%
Absolute Neutrophil Count	5.23		2.0-7.5	/cu.mm
Absolute Lymphocyte Count	3.06			
Absolute Monocyte Count	0.13	Low	0.2 - 1.0	/cu.mm
Absolute Basophil Count	0.02		0.02 - 0.1	/cu.mm
Erythrocyte Sed.Rate <i>Method : Westegren method</i>	35	High	0.00-20.00	mm/1st hr
RBC(RED BLOOD CELL) <i>Method : Impedance</i>	5.08		4.50-5.50	Mill./cmm
MCV <i>Method : Calculated</i>	88.0		76.00-101.00	fL
MCHC <i>Method : Calculated</i>	33.7		30.00-35.00	gm/dl
MCH <i>Method : Calculated</i>	29.7		27.00-32.00	pg
Platelet Count <i>Method : Impedance</i>	2.04		1.50-4.50	lakhs/cumm
PCV <i>Method : Calculated</i>	44.8		40.00-54.00	%
RDW	17.1	High	11.5-16.0	%

DR. HEMANT KAPOOR

DR. JAI PRABHAN
MBBS, MD
PATHOLOGIST

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TECHNICAL OFFICER

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Method : Calculated

Peripheral Smear

Biological Reference Range: Dacie and Lewis Practical Hematology, edition 12th

Instrument Used: Horiba Pentra XL 80 - 5 Part Analyzer.

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Test Name	Result	Status	Bio. Ref. interval	Unit
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HEMATOLOGY

HBA1C Glycosylated Haemoglobin *, Whole Blood EDTA

HbA1c (Glycosylated Haemoglobin)	12.2			%
----------------------------------	------	--	--	---

Interpretation:

As per American Diabetes Association (ADA).

Reference group	=	HbA1C	in %
1) Non diabetic adults ≥ 18 years	=	< 5.7	
2) At risk (prediabetes)	=	5.7 - 6.4	
3) Diagnosing Diabetes	=	≥ 6.5	
4) Therapeutic goals for glycemic control	=	Age >19 years . Goal of therapy : <7.0 . Action suggested : >8.0 Age <19 years . Goal of therapy : <7.5	

Comments

1. HbA1C test shows your average blood glucose level over the previous 6-8 weeks. It is therefore called a test with memory. It remains unaffected by the short term fluctuation in blood glucose levels and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose.

2. It gives the physician an overview to assess long term control, which forms the basis making appropriate adjustments in treatment. It is suggested that in most insulin dependent diabetes it should be done thrice a year.

3. The test has been found useful in evaluating the initial 1 to 2 months of diabetic control at the original visit of the newly pregnant diabetic female. Usually this occurs after 4 to 8 weeks of pregnancy and since congenital anomalies occur before 8 weeks of gestation, the HbA1 level, if elevated significantly, is often predictive of congenital anomalies.

Note

HBA1C provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Instrument Used: Bio-rad D10.

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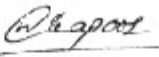
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Test Name	Result	Status	Bio. Ref. interval	Unit
HAEMATOLOGY				
Blood Group <i>Sample EDTA Whole Blood</i>	O			
Rh Factor <i>Method : Tube Agglutination</i>	POSITIVE			

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Test Name	Result	Status	Bio. Ref. interval	Unit
BIOCHEMISTRY				
Blood Glucose (Fasting & PP), Sod.Fluoride				
Blood Sugar Fasting <i>Method : GOD/POD</i>	250	High	70-110	mg/dL
Urine For Glucose Fasting	(++)		NIL	
Blood Sugar PP	294	High	75-140	mg/dL
Urine For Glucose PP	(+++)		NIL	

- NOTE:**
1) The diagnosis of Diabetes requires a fasting plasma glucose of ≥ 126 mg/dl and /or a random/ 2hr postglucose value of ≥ 200 mg/dL on least 2 occasions.
2) Very high glucose levels (> 450 mg/dl in adults) may result in diabetic ketoacidosis & is considered critical.

Interpretation: (As per WHO guidelines)

Status	Fasting plasma glucose in mg/dl	PP plasma glucose in mg/dl
Normal	70 - 110	70 - 140
Impaired fasting glucose	110 - 125	70 - 140
Impaired glucose tolerance / PP	70 - 110	141 - 199
Pre-Diabetes	110 - 125	141 - 199
Diabetes mellitus	>126	>200

Note :- Each individual's target range should be agreed by their doctor or diabetic consultant.

Instrument Used: Vitros 250 Microslide (Dry-Biochemistry)

Gamma G.T. 41 9.00-62.0 U/L

Comment

GGT is an enzyme present in liver, kidney, and pancreas.

It is induced by alcohol intake and is a sensitive indicator of liver disease, particularly alcoholic liver disease.

Clinical utility - follow-up of alcoholics undergoing treatment since the test is sensitive to modest alcohol intake.
- confirmation of hepatic origin of elevated serum alkaline phosphatase.

Increased in - Liver disease: acute viral or toxic hepatitis, chronic or subacute hepatitis, alcoholic hepatitis, cirrhosis, biliary tract obstruction (intrahepatic or extrahepatic), primary or metastatic liver neoplasm, and mononucleosis

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- Drugs (by enzymeinduction): phenytoin, carbamazepine, barbiturates, alcohol

LIVER FUNCTION TEST (LFT), Serum

Serum Bilirubin (Total)	0.6	0.2-1.3	mg/dL
<i>Method : Diphylline, Diazonium salt</i>			
Serum Bilirubin (Direct)	0.2	0.0-0.3	mg/dl
<i>Method : Dual Wevelength - Reflectance Spectrophotometry</i>			
Serum Bilirubin (Indirect)	0.40	0.0-1.1	mg/dl
<i>Method : Dual Wevelength - Reflectance Spectrophotometry</i>			
Serum Total Protein	6.9	6.6-8.3	gm/dl
<i>Method : Biuret</i>			
Serum Albumin	3.9	3.50-5.0	gm/dl
<i>Method : Bromocresol Green</i>			
Serum Globulin	3.00	0.0-3.0	g/dL
<i>Method : Calculated</i>			
A/G Ratio	1.30	1.2-2.0	
<i>Method : Calculated</i>			
Serum SGOT (AST)	20	15-46	U/l
<i>Method : Multipoint Rate with P-5-P</i>			
Serum SGPT (ALT)	46	0.0-49	IU/L
<i>Method : Multipoint Rate / UV with P-5-P</i>			
Serum Alk.Phosphatase	158	High 38-126	U/L
<i>Method : PNP/AMP Buffer</i>			

Instrument Used: Vitros 250 Microslide (Dry-Biochemistry)

KIDNEY FUNCTION TEST (KFT), Serum

Serum Urea	25	10-43	mg/dL
<i>Method : Urease, Colorimetric</i>			
Serum Creatinine	0.8	0.6-1.3	mg/dL
<i>Method : Enzmatic (Creatinine amidohydeolase)</i>			
Serum Uric Acid	4.9	3.5-8.5	mg/dL
<i>Method : Uricase, Colorimetric</i>			
Serum Sodium	140.2	137.0-145.0	mmol/L

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Method : ISE Direct

Serum Potassium 3.8 3.5-5.1 mmol/L

Method : ISE Direct

Blood Urea Nitrogen 11.7 4.6-20.0 mg/dL

Method : Calculated

Serum Calcium 9.8 8.4-10.2 mg/dL

Method : Arsenazo III

Serum Total Protein 6.9 6.6-8.3 gm/dl

Method : Biuret

Serum Albumin 3.9 3.50-5.0 gm/dl

Method : Bromocresol Green

Serum Globulin 3.00 0.0-3.0 g/dL

Method : Calculated

A/G Ratio 1.30 1.2-2.0

Method : Calculated

Instrument Used: Vitros 250 Microslide (Dry-Biochemistry)

Lipid Profile

Total Lipids 785 400-1000 mg/dL

Method : Calculated

Serum Triglycerides 182 High 0.0-150 mg/dL

Method : Colorimetric-Lip/Gluceronol kinase

Serum Total Cholesterol 252 High 0.0-200 mg/dL

Method : Colorimetric - cholesterol oxidase

Serum HDL Cholesterol 42 40-60 mg/dL

Method : Colorimetric:non HDL precipitation

VLDL Cholesterol 36 High 0-32 mg/dL

Method : Calculated

LDL Cholesterol 174 High 0-100 mg/dL

Method : Calculated

Cholesterol / HDL Ratio 6.0 High 3.0-4.4 mg/dL

Method : Calculated

NOTE :- SERUM IS LIPAEMIC. IT MAY INTERFERE WITH TRIGLYCERIDE ESTIMATION.

KINDLY CORRELATE CLINICALLY.

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Total cholesterol (mg /dL)	
<200	Desirable
200-239	Borderline High
>= 240	High
HDL Cholesterol (mg/dL)	
<40	Low
>60	High
LDL Cholesterol (mg /dL)	
<100	Optimal
100-129	Near optimal /Above optimal
130-159	Borderline High
160-189	High
>190	Very High
Male Triglycerides (mg/ dL)	
<150	Normal
150-199	Borderline High
200-499	High
>500	Very High
Female Triglycerides (mg/ dL)	
<150	Normal
150-179	Borderline High
180-450	High
>450	Very High
Cholesterol HDL Ratio	
3.3-4.4	Low Risk
4.5-7.1	Average Risk
7.2-11.0	Moderate Risk
>11.0	High Risk

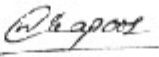
Interpretation:- Cholesterol: There is a clear cut relationship between elevated serum cholesterol and myocardial infarction. At the tissue level it plays a prominent part in atherosclerotic lesions.

Triglycerides: Elevated levels are seen with overnight fast less than 12 hours, Non insulin dependent diabetes mellitus obesity, alcohol intake. Hyperlipidemias (specially types I, IV & V; > 1000), anabolic steroids, cholestyramine, corticosteroids amiodarone & interferon.

HDL-cholesterol: It is a cardioprotective cholesterol (good cholesterol). Patients with low levels of HDL are at increased risk for premature CHD. Decreased levels are seen in stress, starvation, obesity. Lack of exercise. Cigarette smoking, Diabetes mellitus, thyroid disorders and drugs like steroids, beta blockers, thiazides, progestins, neomycin and phenothiazines.

LDL Cholesterol: Major risk factors that modify LDL Goals are:

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- * Cigarette smoking.
- * Hypertension (BP \geq 140/90 or on antihypertensive medication)
- * Low HDL cholesterol ($<$ 40 mg/dl)
- * Family history of premature CHD (CHD in a male first degree relative $<$ 55 years / CHD in a female first degree relative $<$ 65 years)
- * Age (men \geq 45; women $>$ 55= years).

Instrument Used: Vitros 250 Microslide (Dry-Biochemistry)

DR. JAI PRABHAN
MBBS, MD
PATHOLOGIST

Dr. Kapoor
DR. HEMANT
MD, DPB
PATHOLOGIST

CHECKED
TECHNICAL OFFICER

Lab NO	072310060001	Sr.No	500
NAME	MR.SATBIR SINGH	Ref. BY	APOLLO
Age / Sex	50 YRS/MALE	Sample Coll DATE	06/Oct/2023 11:13AM
S/O	SHYAMLAL	Approved ON	06/Oct/2023 02:31PM
DATE	06/Oct/2023 09:20AM	Printed ON	06/Oct/2023 04:27PM
B A.9350			

Test Name	Result	Status	Bio. Ref. interval	Unit
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IMMUNOASSAY

Total PSA 0.62 ng/mL

NORMAL VALUE

Age(years)	Median(ng/ml)
<49	<2.0
50-59	<3.5
60-69	<4.5
70-79	<6.5

Comment :

- **PSA** is a reliable tumour marker for already diagnosed carcinomas. It is uniquely associated only with prostatic tissue , and there for is specific for it.

-In general tumour marker levels are directly proportional to the tumour mass and stage of the cancer however it is the rate of change of the tumour marker level which is more important rather than its absolute value.

- It is recommended that measurement of PSA be done every 3 months during the first year following surgery every 4 months in the second year and every 6 months thereafter.

Caused of elevated PSA

- * Prostate Cancer
- * Benign prostatic Hyperplasia(BPH)
- * Prostatitis
- * Prostate inflammation trauma or manipulation
- * Prostatic infection
- * Tracsurethral Resection

Decreased in :

Serum PSA has been reported to be decreased by 18% after the patients has been Hospitalized for 24 hours.

Thyroid Profile T3,T4,TSH

T3	1.3	0.80-2.0	ng/mL
<i>Method : Electrochemiluminescence</i>			
T4	10.0	5.1-14.1	ug/dL
<i>Method : Electrochemiluminescence</i>			
TSH (Thyroid Stimulating Hormone)	4.2	0.27-4.2	uIU/ml
<i>Method : Electrochemiluminescence</i>			

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Paediatric Age Group. Biological reference interval

(Reference range TSH)

New Born	0.7-15.2
6 days - 3 Months	0.72-11.0
4 Months - 12 Moths	0.73-8.35
1 Year - 6 Years	0.7-5.9
7 Years - 11 Years	0.60-4.84
12 Years - 20 Years	0.51 - 4.30

INTERPRETATION:

1. Serum T3.T4.TSH measurements from the three components of thyroid screening panel useful in diagnosing various disorders of thyroid gland function.
2. An abnormal TSH alone is not a confirmatory evidence of thyroid hormone deficiency of excess.
3. Serum TSH is the most thyroid function index. It is regarded as the front line test by thyrologist.
4. Diurnal variation effects TSH levels approximateky +-50% hence time of the day has influence on the measured serum TSH concentrations.
5. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.
6. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.
7. Normal T4 levels are accompanied by increased T3 patients with T3 thyrotoxicosis.

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CLINICAL PATHOLOGY

URINE FOR ROUTINE AND MICROSCOPY EXAMINATION , Urine

Physical Examination

Quantity	20			ML
Colour	PALE YELLOW		Pale yellow	
Transparency	CLEAR		Clear	
Reaction	ACIDIC			
Specific Gravity, Urine	1.010		1.010 - 1.025	

Chemical Examination

Urine Protein	NIL		Nil	
Reducing Sugar (Urine)	(++) (FASTING)		Nil	
Urine Bilirubin	ABSENT		Absent	
Blood	ABSENT		Absent	
Urobilinogen	NOT INCREASED		Not Increased	
Nitrate	ABSENT		Absent	

Microscopic Examination:

Pus Cells.	1-2		0-4	/HPF
RBCs	NIL		NIL	
Casts	NIL		NIL	
Crystal	NIL		Nil	
Epithelial Cells	1-2		Occasional	

*** End Of Report ***

Tests marked with NABL symbol are accredited by NABL vide Certificate no MC-3237; Validity till 03/01/2025



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TECHNICAL OFFICER

Lab No:	022310060005	Reg. Date:	06 Oct 2023
Patient Name:	Mr. SATBIR SINGH S/O SHYAM LAL		
Age/Sex:	50 YRS/MALE	Referred By:	Dr. Self
S.No:			

USG WHOLE ABDOMEN

Liver is normal in size, shape, outline and shows **grade-I fatty changes.**

Mid clavicular span : 11.9 Cm.

There is no evidence of any space occupying lesion. There is no dilatation of the intrahepatic biliary radicles. The hepatic veins are normal. The portal vein is normal.

Gall Bladder is well distended. It has an echofree lumen. Wall thickness of Gall bladder is normal. CBD is normal in course & calibre.

Pancreas is normal in size, shape & echotexture.

Both kidneys are normal in size, shape, outline, position and echotexture.

The corticomedullary differentiation is well maintained.

The right kidney measures 10 X 4.7 Cm.

The left kidney measures 10 X 4.8 Cm.

B/L Pelvicalyceal systems are normal.

Spleen is normal in size and echotexture. The splenic vein is normal.

There is no free/loculated fluid in the peritoneal cavity.

There is no enlarge retroperitoneal lymphadenopathy

Bowel loops shows normal peristalsis, no definite mural oedema is seen.

Anterior abdominal wall does not reveal any definite abnormality.

Great vessels shows normal color flows.

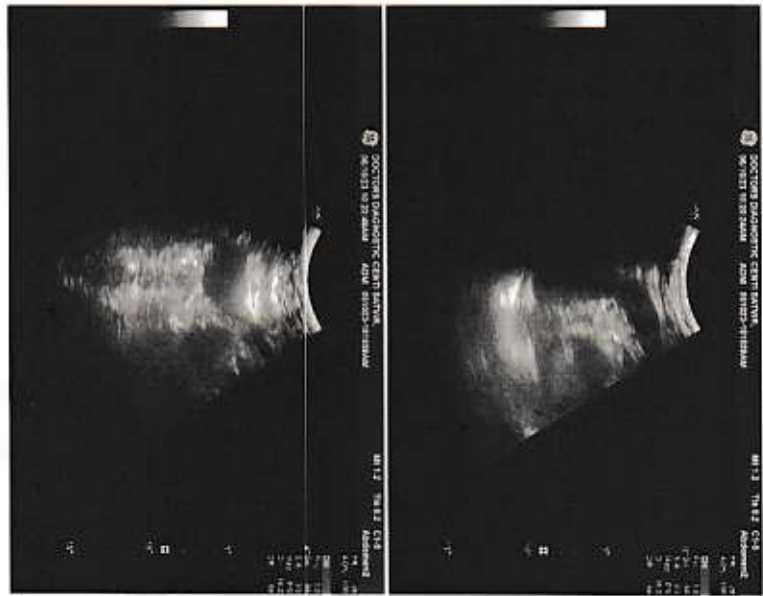
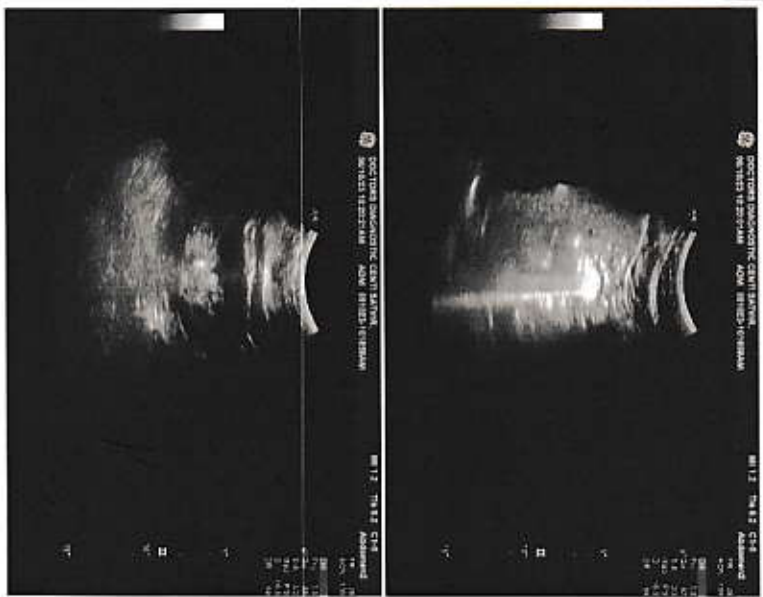
Urinary bladder is normal in outline, shape and echotexture.

Prostate is normal in size, shape and echotexture.

IMPRESSION : GRADE-I FATTY LIVER.

(Not Valid for Medico-Legal Purpose, It is a Professional Opinion and not a Diagnosis. It should be always clinically interpreted.)

DR. BIPUL BISWAS M.B.B.S MD
CONSULTANT RADIO-LOGIST
DMC REGD : 6453



DOCTORS DIAGNOSTICS CENTRE
MR SATBIR SINGH 50 YRS
08-10-01
101615053
Acq Tm: 09:40 AM

R

CHEST PA

101615053



W 101615053

4380 X 3850

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DDC DOCTORS DIAGNOSTIC CENTRE

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MD, DPM (Pathology)

Consultant Radiologist
DR. BIPUL BISWAS
MD (Radiology)

Lab No:	072310060001	Reg. Date:	06 Oct 2023
Patient Name:	Mr. SATBIR SINGH S/O SHYAM LAL		
Age/Sex:	50 YRS/MALE	Referred By:	APOLLO
S.No:			

X RAY CHEST PA

R-1

- * Both lungs appears normal . No evidence of parenchymal lesion is seen.
- * Both hila appears normal.
- * Both C.P. angles are clear.
- * Cardiac size & configuration appears normal.
- * **Mildly raised right hemi-diaphragm.**
- * Bony thoracic cage normal.

ADVICE : USG UPPER ABDOMEN.


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This Report is for the perusal of doctors only, Not for Medico Legal Cases.
Clinical Co-relation is essential, Please Contact us in Case of Unexpected results.

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TIMINGS: Daily - 8.00 am to 10.00 pm, Sunday - 8.00 am to 08.00 pm

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