Chandan Diagnostics Centre Varanasi



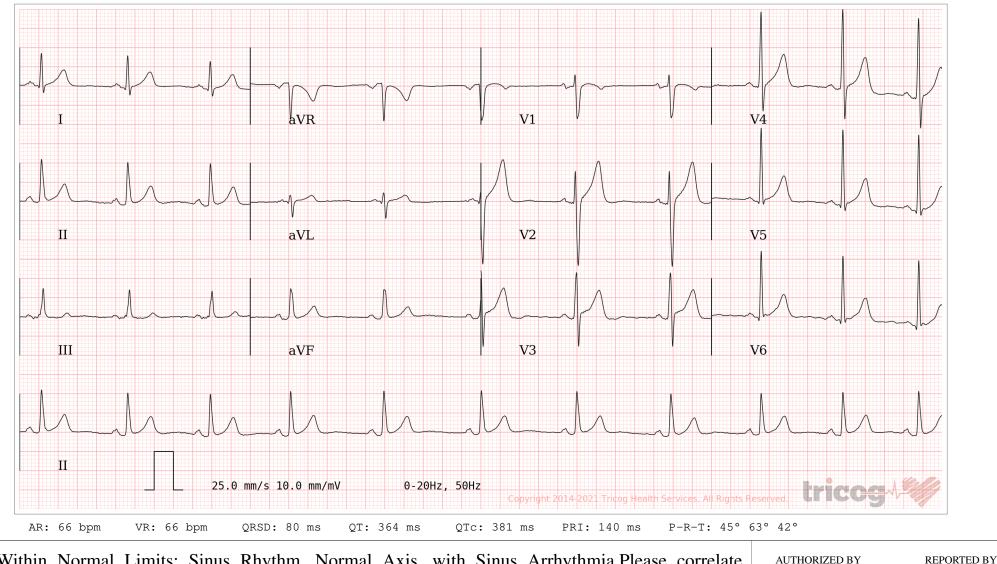
clinically.

Age / Gender: 36/Male Patient ID:

Date and Time: 13th Nov 21 10:59 AM

CVAR0078212122

Mr.SATISH KUMAR SINGH - PKG10000238 Patient Name:



ECG Within Normal Limits: Sinus Rhythm, Normal Axis, with Sinus Arrhythmia.Please correlate

AUTHORIZED BY

H.L. Der

Dr. Charit MD, DM: Cardiology 63382

Dr Deepak

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

94933





CHANDAN DIAGNOSTIC CENTRE Name of Company: rediwheel Name of Executive: Satish Kunnan Singh Date of Birth: 04/07/1985 Sex: Mall Height: 183 Weight: 76 BMI (Body Mass Index): 22-7 Chest (Expiration / Inspiration) 94 100 Abdomen: 87 Blood Pressure: 134/86 Pulse: FS & regular 16 RR: Ident Mark: Cuf Mark cen Chhin Any Allergies: NO Vertigo: NO Any Medications: No Any Surgical History: NO Habits of alcoholism/smoking/tobacco: NO Chief Complaints if any: NO Lab Investigation Reports: heports Att. Eye Check up vision & Color vision: Noremall Left eye: Normal wormal Right eye: Near vision: Normal



Oct 202





Far vision: Normal

Eye Checkup:

Dental check up : Monual ENT Check up : Monual Eye Checkup: Monual

Final impression

Certified that I examined ... Satish purear Singh is presently in good health and is or D/o is presently in good health and free from any cardio-respiratory/communicable ailment, he/she is fat / Unfit to join any organization.

Client Signature :

Dr. R.C. ROY MBBS., MD. (Radio Diagnosis) Signature of Medical Examiner

Name & Qualification . Br R CRoy, MISS, MD

Date. 1.3. /.1.1. 2.1. Place. Varanersi



Oct 2021



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P- 93, Shivaji Nagar Colony, Mahmoorganj, Varanasi, Uttar Pradesh 221010, India

Latitude 25.305428° LOCAL 11:14 AM GMT 05:44 AM Longitude 82.979128° SATURDAY 11.13.2021

ALTITUDE 59 FEET



Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-2223232 CIN : U85110DL2003PLC308206



Patient Name	: Mr.SATISH KUMAR SINGH -PKG10000238	Registered On	: 13/Nov/2021 10:	:26:36
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: 13/Nov/2021 11:	:01:11
UHID/MR NO	: CVAR.0000023684	Received	: 13/Nov/2021 11	:47:03
Visit ID	: CVAR0078212122	Reported	: 13/Nov/2021 16	:08:15
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report	
	DEPARTMENT O	F HAEMATOLO	GY	
	MEDIWHEEL BANK OF BARODA	MALE & FEMA	LE BELOW 40 YRS	
Test Name	Result	Unit	Bio. Ref. Interval	Method
	BO & Rh typing) * , Blood			
	. BO & Rh typing) * , Blood			

Haemoglobin	14.40	g/dl	Male- 13.5-17.5 g/dl Female-12.0-15.5 g/d	ll
TLC (WBC)	5,700	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC		A STATE OF STATE		
Polymorphs (Neutrophils)	60.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	36.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	10.00	Mm for 1st hr.		
Corrected	6.00	Mm for 1st hr.	< 9	
PCV (HCT)	40.90	cc %	40-54	
Platelet count				
Platelet Count	1.60	LACS/cu mm	1.5-4.0	
		£	0.47	
PDW (Platelet Distribution width)	nr	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume) RBC Count	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count	4.55	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	89.90	fl	80-100	CALCULATED PARAMETER
МСН	31.60	pg	28-35	CALCULATED PARAMETER
	35.10	%	30-38	
	12.60	%	11-16	ELECTRONI
	42.00	fL	35-60	ELECTRONIC S. N. Sinta
utrophils Count	3,420.00	/cu mm	3000-7000	Dr.S.N. Sinha (MD Path
sinophils Count (AEC)	114.00	/cu mm	40-440	



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Visit ID	: CVAR0078212122	Reported	: 13/Nov/2021 15:07:38
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	U	nit Bio. Ref. Interv	al Method
GLUCOSE FASTING , Plasma				
Glucose Fasting	97.60	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
Interpretation: a) Kindly correlate clinically with intake or	f hypoglycemic agents, drug	<mark>g dosage var</mark>	iations and other drug inte	ractions.

b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.

c) I.G.T = Impared Glucose Tolerance.

Glucose PP Sample:Plasma After Meal		130	0.00	mg/dl	<140 Normal 140-199 Pre-diabetes	GOD POD
					>200 Diabetes	

Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.c) I.G.T = Impared Glucose Tolerance.

Glycosylated Haemoglobin (HbA1c)	5.10	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	34.00) mmol/mol/IFC	с
Estimated Average Glucose (eAG)	96	mg/dl	

Interpretation:

NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

|--|

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc. **Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B.: Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

<u>Clinical Implications:</u>

*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

*With optimal control, the HbA 1c moves toward normal levels.

*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy

c. Alcohol toxicity d. Lead toxicity

*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

*Pregnancy d. chronic renal failure. Interfering Factors:

*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.







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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Un	it Bio. Ref. Inter	rval Meth	od
BUN (Blood Urea Nitrogen) * Sample:Serum	10.30	mg/dL	7.0-23.0	CALCULATED	
Creatinine Sample:Serum	0.80	mg/dl	0.7-1.3	MODIFIED JAFI	ES
e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum	101.00	ml/min/1.73m	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED	
Uric Acid Sample:Serum	5.80	mg/dl	3.4-7.0	URICASE	
L.F.T.(WITH GAMMA GT) * , Serum					
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT) Gamma GT (GGT) Protein Albumin Globulin A:G Ratio Alkaline Phosphatase (Total) Bilirubin (Total) Bilirubin (Direct) Bilirubin (Indirect)	21.30 33.20 14.20 7.40 4.50 2.90 1.55 84.70 1.10 0.50 0.60	U/L U/L IU/L gm/dl gm/dl gm/dl U/L mg/dl mg/dl mg/dl	< 35 < 40 11-50 6.2-8.0 3.8-5.4 1.8-3.6 1.1-2.0 42.0-165.0 0.3-1.2 < 0.30 < 0.8	IFCC WITHOUT IFCC WITHOUT OPTIMIZED SZ/ BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & JENDRASSIK &	P5P AZING GROF GROF
LIPID PROFILE (MINI) * , Serum					
Cholesterol (Total)	233.00	mg/dl	<200 Desirable 200-239 Borderline Hi > 240 High	CHOD-PAP igh	
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol)	49.00 145	mg/dl mg/dl	30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optim		ATIC
a) (* - 6.2 +25.1 a)	-64 -	а	130-159 Borderline Hi 160-189 High > 190 Very High	-	
	38.84 194.20	mg/dl mg/dl	10-33 < 150 Normal 150-199 Borderline Hi 200-499 High >500 Very High	CALCULATED GPO-PAP gh	S・M・Sinta Dr.S.N. Sinha (MD Path







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Age/Gender	: 36 Y 0 M 0 D /M	Collected	: 13/Nov/2021 16:52:52
UHID/MR NO	: CVAR.0000023684	Received	: 13/Nov/2021 16:53:06
Visit ID	: CVAR0078212122	Reported	: 13/Nov/2021 17:31:25
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
JRINE EXAMINATION, ROUTINE *	, Urine			
Color	PALE YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
		, .	10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++) > 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT		- C - C - C - C	
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:			and a second second	
Epithelial cells	2-3/h.p.f			MICROSCOPIC
	2 3/			EXAMINATION
Pus cells	0-2/h.p.f			MICROSCOPIC
				EXAMINATION
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
STOOL, ROUTINE EXAMINATION *	, Stool			
Color	BROWNISH			
Consistency	SEMI SOLID			
Reaction (PH)	Basic (8.0)	· · ·		
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	1-2/h.p.f			





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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		
Interpretation:				
(+) < 0.5				
(++) 0.5-1.0				
(+++) 1-2				
(++++) > 2		(Y Y		
SUGAR, PP STAGE * , Urine				
Sugar, PP Stage	ABSENT			
Interpretation:				
(+) < 0.5 gms%				
(++) 0.5-1.0 gms%				
(+++) 1-2 gms%				
(++++) > 2 gms%				



S.N. Sinto

Dr.S.N. Sinha (MD Path)





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Age/Gender	: 36 Y 0 M 0 D /M	Collected	: 13/Nov/2021 11:01:11
UHID/MR NO	: CVAR.0000023684	Received	: 13/Nov/2021 11:48:41
Visit ID	: CVAR0078212122	Reported	: 13/Nov/2021 14:46:46
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
THYROID PROFILE - TOTAL * , Serum					
T3, Total (tri-iodothyronine)	101.00	ng/dl	84.61–201.7	CLIA	
T4, Total (Thyroxine)	5.56	ug/dl	3.2-12.6	CLIA	
TSH (Thyroid Stimulating Hormone)	3.36	µIU/mL	0.27 - 5.5	CLIA	
		,			

Interpretation:

0.3-4.5	µIU/mL	First Trimester
0.5-4.6	µIU/mL	Second Trimester
0.8-5.2	µIU/mL	Third Trimester
0.5-8.9	µIU/mL	Adults 55-87 Years
0.7-27	µIU/mL	Premature 28-36 Week
2.3-13.2	µIU/mL	Cord Blood > 37Week
0.7-64	µIU/mL	Child(21 wk - 20 Yrs.)
1-39	µIU/mL	Child 0-4 Days
1.7-9.1	µIU/mL	Child 2-20 Week

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.

2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.

4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.

5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.

7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.

8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.



S.n. Sinta

Dr.S.N. Sinha (MD Path)





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Patient Name	: Mr.SATISH KUMAR SINGH -PKG10000238	Registered On	: 13/Nov/2021 10:26:37
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000023684	Received	: N/A
Visit ID	: CVAR0078212122	Reported	: 13/Nov/2021 12:49:25
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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA * (500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION: NORMAL SKIAGRAM



Dr Raveesh Chandra Roy (MD-Radio)

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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

- The liver measures 13.1 cm in mid clavicular line. It is normal in shape and echogenecity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.
- Gall bladder is well distended and is normal.
- Portal vein measures 10.5 mm in caliber. CBD measures 2.7 mm in caliber.
- Pancreas is normal in size, shape and echogenecity.
- Spleen is normal in size (10.8 cm in its long axis), shape and echogenecity.
- Right kidney measures : 9.6 x 3.6 cm.No focal lesion or calculus seen. Right pelvicalyceal system is not dilated.
- Left kidney measures : 10.2 x 3.9 cm.No focal lesion or calculus seen. Left pelvicalyceal system is not dilated.
- Urinary bladder is partially filled. Prevoid urine volume 24 cc.
- The prostate is normal in size (41 x 28 x 29 mm/19gms), shape and echopattern.
- No free fluid is seen in the abdomen/pelvis.

IMPRESSION : No significant abnormality seen.

Please correlate clinically

*** End Of Report ***

Result/s to Follow: ECG/EKG

Dr Raveesh Chandra Roy (MD-Radio)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing * *365 Days Open*

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