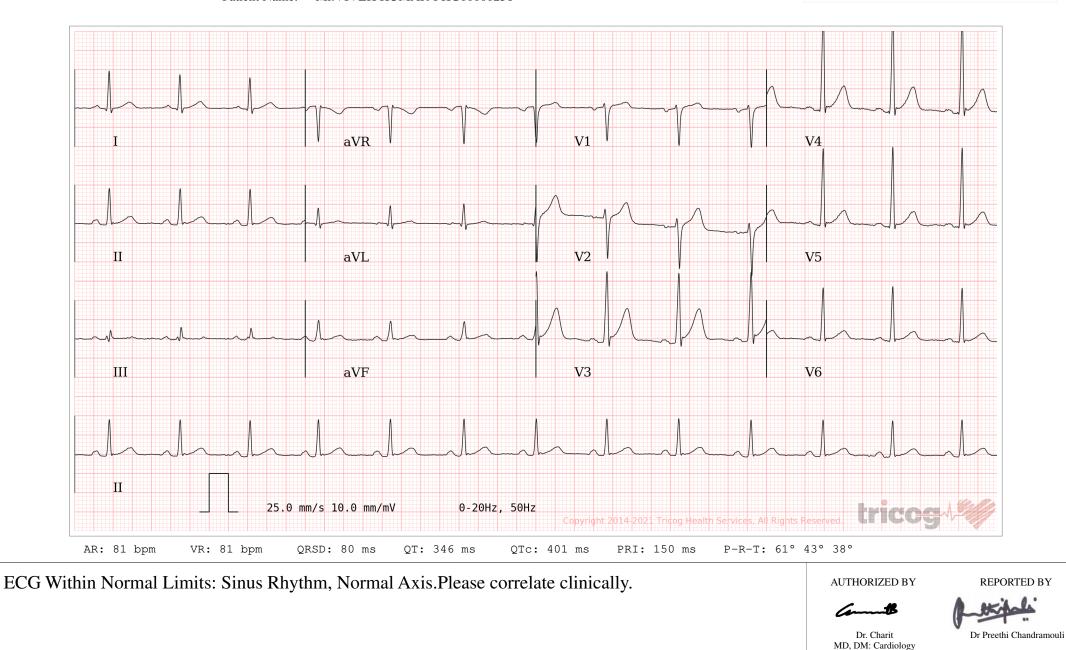
Chandan Diagnostics Centre Varanasi



Age / Gender:36/MaleDaPatient ID:CVAR0080222122Patient Name:Mr.VIVEK KUMAR-PKG10000238

Date and Time: 19th Nov 21 10:16 AM



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.

72169

63382



P- 93, Shivaji Nagar Colony, Mahmoorganj, Varanasi, Uttar Pradesh 221010, India Latitude Longitude 25.305418° 82.979132° LOCAL 10:10:25 FRIDAY 11.19.2021 GMT 04:40:25 ALTITUDE 18 METER





CHANDAN DIAGNOSTIC CENTRE Name of Company: Mediwheel Name of Executive: Nivek Kymor Date of Birth: 11-11-1985-Sex: Male Height: 173Cm. Weight: 76 kg. BMI (Body Mass Index): 25. 4 Chest (Expiration / Inspiration) 92 96 6 Abdomen: 89 Cm Blood Pressure: 112 178 Pulse: 82 BPm. RR: 20 Resp min Ident Mark: Scar on LF Relm. at Middle finger Any Allergies: Mo pro Vertigo: Any Surgical History: Frechere on fille Whit - 12-06-21. Dr. Arg Habits of alcoholism/smoking/tobacco: (1Alcohol - occossandy. loon mondy. Chief Complaints if any: No Lab Investigation Reports: Yes Alfached . Eye Check up vision & Color vision: Normal . Left eye: Norme Right eye: Normal Near vision:



Oct 202





Normal Far vision :

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

Final impression

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

Client Signature :-

Dr. R.C. ROY MBBS., MD. (Radio Diagnosis) Reg. No.-26918

Signature of Medical Examiner

Name & Qualification . Or A C Roy MISS MO

Date 19-11-201 Place Varanon



Oct 2021



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



Patient Name	: Mr.VIVEK KUMAR-PKG10000238	Registered On	: 19/Nov/2021 09:29:11
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: 19/Nov/2021 10:32:26
UHID/MR NO	: CVAR.0000023881	Received	: 19/Nov/2021 10:35:04
Visit ID	: CVAR0080222122	Reported	: 19/Nov/2021 13:01:21
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

#### DEPARTMENT OF HAEMATOLOGY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * , Blood				
Blood Group	В			
Rh ( Anti-D)	POSITIVE			
COMPLETE BLOOD COUNT (CBC) * , Blood				
Haemoglobin	13.90	g/dl	Male- 13.5-17.5 g/dl Female-12.0-15.5 g/dl	
TLC (WBC)	8,700	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils )	68.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	28.00	%	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	16.00	Mm for 1st hr.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Corrected	8.00	Mm for 1st hr.	< 9	
PCV (HCT)	45.90	cc %	40-54	
Platelet count				
Platelet Count	1.73	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPI
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
	4.92			
RBC Count Blood Indices (MCV, MCH, MCHC)	4.82	Mill./cu mm	4.2-3.3	ELECTRONIC IMPEDANCE
	05.00	£	00 100	
MCV	95.20	fl	80-100	CALCULATED PARAMETER
	28.90	pg	28-35	CALCULATED PARAMETER
	30.30	%	30-38	
	13.20	% fL	11-16 35-60	ELECTRONIC S.N. Sinto
er an	45.10			Dr.S.N. Sinha (MD Pati
The second s	5,916.00	/cu mm	3000-7000	
sinophils Count (AEC)	174.00	/cu mm	40-440	





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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	Ur	nit Bio. Ref. Interv	val M	lethod
GLUCOSE FASTING , Plasma					
Glucose Fasting	100.00	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD	

#### 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) \*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.60	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	38.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	114	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.

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)	<b>Degree of Glucose Control Unit</b>
> 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





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#### DEPARTMENT OF BIOCHEMISTRY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

\*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.

BUN (Blood Urea Nitrogen) * Sample:Serum	20.00	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> Sample:Serum	0.90	mg/dl (	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum	101.00	ml/min/1.73m2 - -	- 90-120 Normal - 60-89 Near Normal	CALCULATED
<b>Uric Acid</b> Sample:Serum	6.40	mg/dl	3.4-7.0	URICASE

#### L.F.T.(WITH GAMMA GT) \* , Serum





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#### **DEPARTMENT OF BIOCHEMISTRY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	ι	Jnit Bio. Ref	f. Interval Method
SGOT / Aspartate Aminotransferase (AST)	30.00	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	36.00	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	30.00	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.30	gm/dl	6.2-8.0	BIRUET
Albumin	4.70	gm/dl	3.8-5.4	B.C.G.
Globulin	2.60	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.81		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	217.80	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.80	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.40	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.40	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE ( MINI ) * , Serum				
Cholesterol (Total)	178.00	mg/dl	<200 Desirable 200-239 Border > 240 High	CHOD-PAP line High
HDL Cholesterol (Good Cholesterol)	42.50	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	102	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above 130-159 Border 160-189 High > 190 Very High	line High
VLDL	33.66	mg/dl	10-33	CALCULATED
Triglycerides	168.30	mg/dl	< 150 Normal 150-199 Border 200-499 High >500 Very High	-



S.n. Sinta

Dr.S.N. Sinha (MD Path)



CHANDAN DIAGNOSTIC CENTRE Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-2223232 CIN: U85110DL2003PLC308206



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Visit ID	: CVAR0080222122	Reported	: 19/Nov/2021 12:38:48
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	ing/u	0.2-2.01	BIOCHEIMISTIKI
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:	ADJLINI		and a second	
Epithelial cells	2-3/h.p.f			MICROSCOPIC
Due celle	0.1/h = f			EXAMINATION
Pus cells	0-1/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC
NDCS	ADJENT			EXAMINATION
Cast	ABSENT			LANIMATION
Crystals	ABSENT			MICROSCOPIC
	ABSENT			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				
		13 3		
			and the second	



S. N. Sinta Dr.S.N. Sinha (MD Path)

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UHID/MR NO	: CVAR.0000023881	Received	: 19/Nov/2021 13:20:06
Visit ID	: CVAR0080222122	Reported	: 19/Nov/2021 13:59:58
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)	98.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	6.55	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.88	µlU/mL	0.27 - 5.5	CLIA
Interpretation:		0345	mI First Trimester	

0.3-4.5	µIU/mL	First Trimest	ter	
0.5-4.6	µIU/mL	Second Trim	ester	
0.8-5.2	µIU/mL	Third Trimes	ster	
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	
	C.A.A.			

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.



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Dr.S.N. Sinha (MD Path)





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Patient Name	: Mr.VIVEK KUMAR-PKG10000238	Registered On	: 19/Nov/2021 09:29:13
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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 16.3 cm in mid clavicular line.Mild diffuse increase in liver echogenecity seen. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.
- Gall bladder is well distended and is normal.
- Portal vein measures 9.1 mm in caliber. CBD measures 3.2 mm in caliber.
- Pancreas is normal in size, shape and echogenecity.
- Spleen is normal in size (11.5 cm in its long axis), shape and echogenecity.
- Right kidney measures : 10.1 x 3.7 cm. No focal lesion or calculus seen. Right pelvicalyceal system is not dilated.
- Left kidney measures : 9.9 x 4.9 cm. No focal lesion or calculus seen. Left pelvicalyceal system is not dilated.
- Urinary bladder is normal in shape, outline and distension. Lumen is anechoic and no wall thickening seen. Prevoid urine volume 164 cc.
- The prostate is normal in size (32 x 28 x 23mm/12gms), shape and echopattern.
- No free fluid is seen in the abdomen/pelvis.

## **IMPRESSION :**

- Fatty liver grade I.
- Rest of the abdominal organs are normal.

## **Please correlate clinically**

\*\*\* End Of Report \*\*\*

Result/s to Follow: GLUCOSE PP, SUGAR, PP STAGE, 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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