

Fwd: Health Check up Booking Request(bobS7587),Package Code(PKG1000238),Beneficiary Code(44849)

1 message

anurag sri <anurag.idc@gmail.com>
To: "idc. ashiyana" <idcashiyana@gmail.com>

Mon, Feb 7, 2022 at 10:37 AM

----- Forwarded message -----

From: **Mediwheel** <santosh@policywheel.com>
Date: Sat, Feb 5, 2022 at 7:44 PM
Subject: Health Check up Booking Request(bobS7587),Package Code(PKG1000238),Beneficiary Code(44849)
To: anurag.idc@gmail.com <anurag.idc@gmail.com>
Cc: Mediwheel CC <customercare@mediwheel.in>, Mediwheel CC <mediwheelwellness@gmail.com>



Mediwheel
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Dear Chandan Healthcare Limited,
City : Lucknow . Location : .Near Power House,

We have received the following request for Health Check up from

Name : Anik katiyar
Age : 28
Gender : Male
Member Relations : Spouse
Package Name : Full Body Health Checkup Male Below 40
Package Code : PKG1000238
User Location : Bihar,PATNA,800003
Contact Details : 9140319657
Booking Date : 05-02-2022
Appointment Date : 12-02-2022

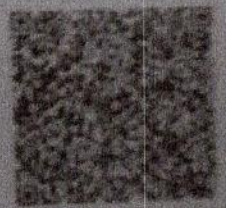
Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
Anik katiyar	28	Male	Cashless
Total amount to be paid			Cashless

Please login to your account to confirm the same. Also you mail us for confirmation

Package Name : Full Body Health Checkup Male Below 40 - Includes (37)Tests
Tests included in this Package : Ecg, Eye Check Up, TSH, X-ray Chest, Blood Sugar Postprandial, A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin (hba1c), Hdl, Vldl, Urine Analysis, LDL, Total Protine, General Consultation, HDL/ LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein, CBC with ESR, Stool Analysis, Urine Sugar Fasting, Urine Sugar PP, T3, T4, Cholesterol Total / HDL Ratio,



व्यक्ति परिचय
Anik Katiyar
जन्म तिथि/DOB: 07/08/1992
पुरुष/ MALE



3005 1212 0581

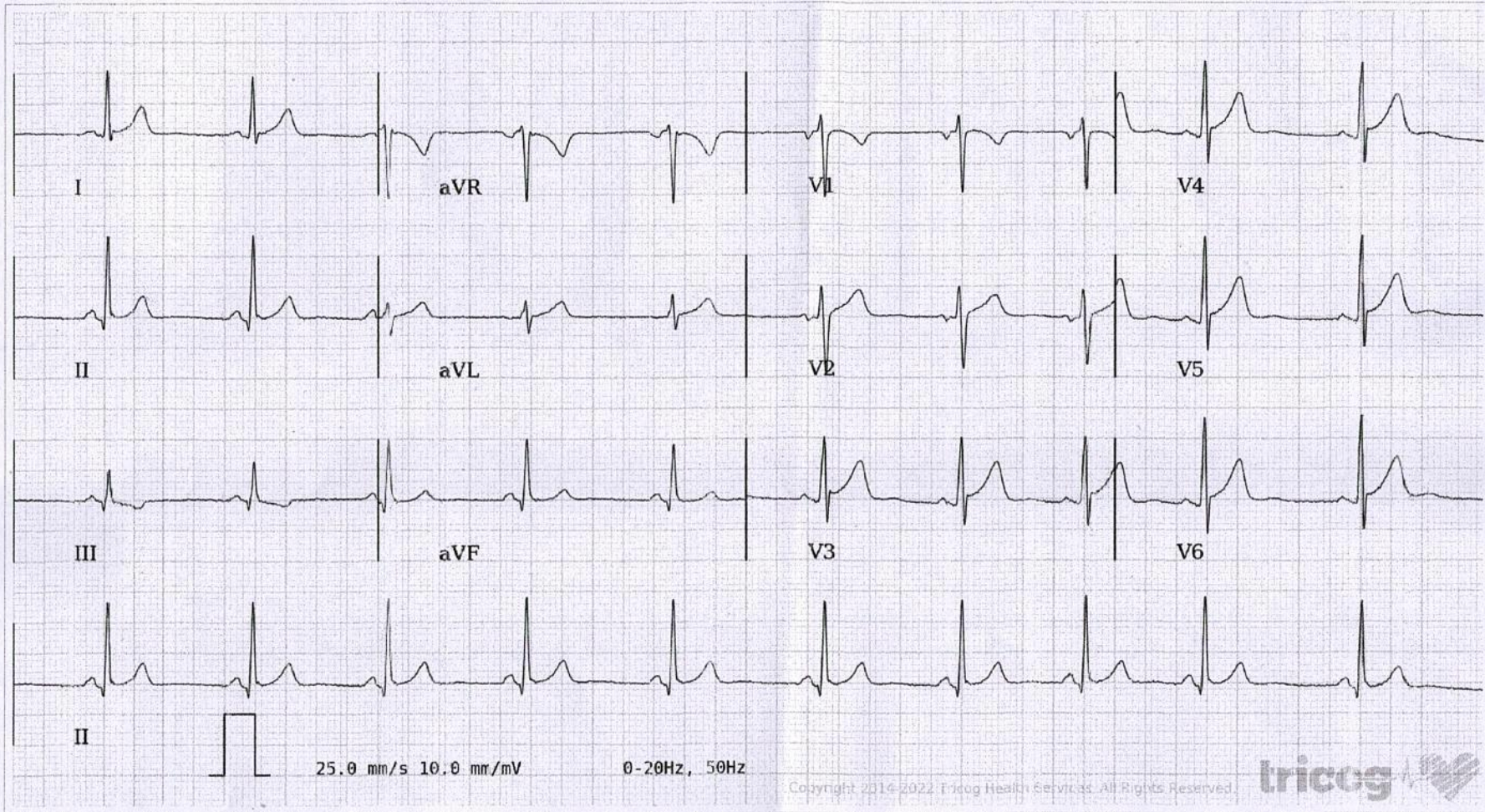
मेरा आधार, मेरी पहचान

Anik Katiyar



Age / Gender: 29/Male
 Patient ID: CDCA0287532122
 Patient Name: Mr. ANIK KATTIYAR

Date and Time: 12th Feb 22 10:17 AM



AR: 65 bpm VR: 65 bpm QRSD: 84 ms QT: 366 ms QTc: 380 ms PRI: 120 ms P-R-T: 69° 52° 25°

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

AUTHORIZED BY

Dr. Charit
 MD, DM: Cardiology

REPORTED BY

Dr Kavitha Girish



INDRA DIAGNOSTIC CENTRE

Add: M-214/215, Sec G Lda Colony Near Power House Chauraha Kanpur Road
Ph: 9235432707,
CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANIK KATIYAR	Registered On	: 12/Feb/2022 09:40:33
Age/Gender	: 29 Y 6 M 6 D /M	Collected	: 12/Feb/2022 09:56:50
UHID/MR NO	: CDCA.0000080178	Received	: 12/Feb/2022 10:39:58
Visit ID	: CDCA0287532122	Reported	: 12/Feb/2022 15:48:39
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
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Blood Group (ABO & Rh typing) * , Blood

Blood Group	O
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)	5,800.00	/Cu mm	4000-10000
DLC			
Polymorphs (Neutrophils)	50.00	%	55-70
Lymphocytes	46.00	%	25-40
Monocytes	3.00	%	3-5
Eosinophils	1.00	%	1-6
Basophils	0.00	%	< 1
ESR			
Observed	14.00	Mm for 1st hr.	
Corrected	6.00	Mm for 1st hr.	< 9
PCV (HCT)	40.00	cc %	40-54
Platelet count			
Platelet Count	1.8	LACS/cu mm	1.5-4.0
PDW (Platelet Distribution width)	16.40	fL	9-17
P-LCR (Platelet Large Cell Ratio)	NR	%	35-60
PCT (Platelet Hematocrit)	0.24	%	0.108-0.282
MPV (Mean Platelet Volume)	13.10	fL	6.5-12.0
RBC Count			
RBC Count	4.80	Mill./cu mm	4.2-5.5
Blood Indices (MCV, MCH, MCHC)			
MCV	83.33	fl	80-100
MCH	28.95	pg	28-35
MCHC	34.75	%	30-38
RDW	14.10	%	11-16
RDW-CV	45.10	fL	35-60
Neutrophils Count	2,900.00	/cu mm	3000-7000
Eosinophils Count (AEC)	58.00	/cu mm	40-440



Dr. R.K. Khanna
(MBBS, DCP)





INDRA DIAGNOSTIC CENTRE

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Ph: 9235432707,
CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANIK KATIYAR	Registered On	: 12/Feb/2022 09:40:33
Age/Gender	: 29 Y 6 M 6 D /M	Collected	: 12/Feb/2022 14:09:10
UHID/MR NO	: CDCA.0000080178	Received	: 12/Feb/2022 16:59:17
Visit ID	: CDCA0287532122	Reported	: 12/Feb/2022 17:43:58
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	Unit	Bio. Ref. Interval	Method
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GLUCOSE FASTING * , Plasma

Glucose Fasting	114.86	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Glucose PP *

Sample: Plasma After Meal

118.50	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.



Dr. R.K. Khanna
(MBBS, DCP)





INDRA DIAGNOSTIC CENTRE

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CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANIK KATIYAR	Registered On	: 12/Feb/2022 09:40:33
Age/Gender	: 29 Y 6 M 6 D /M	Collected	: 12/Feb/2022 09:56:50
UHID/MR NO	: CDCA.0000080178	Received	: 12/Feb/2022 16:58:45
Visit ID	: CDCA0287532122	Reported	: 12/Feb/2022 18:24:46
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	Unit	Bio. Ref. Interval	Method
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GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	6.20	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	44.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	131	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 management.

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 1diabetics. 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.





INDRA DIAGNOSTIC CENTRE

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Clinical Implications:

*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.




Dr. Anupam Singh
M.B.B.S, M.D. (Pathology)





INDRA DIAGNOSTIC CENTRE

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UHID/MR NO	: CDCA.0000080178	Received	: 12/Feb/2022 11:36:51
Visit ID	: CDCA0287532122	Reported	: 12/Feb/2022 12:48:21
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	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * <i>Sample:Serum</i>	18.63	mg/dL	7.0-23.0	CALCULATED
Creatinine * <i>Sample:Serum</i>	1.33	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) * <i>Sample:Serum</i>	63.00	ml/min/1.73m ²	90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid * <i>Sample:Serum</i>	7.30	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	52.20	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	93.80	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	82.55	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.40	gm/dl	6.2-8.0	BIRUET
Albumin	4.34	gm/dl	3.8-5.4	B.C.G.
Globulin	3.06	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.42		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	104.91	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.62	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.24	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.38	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	260.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	51.89	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	183	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	25.60	mg/dl	10-33	CALCULATED
Triglycerides	128.00	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP





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Age/Gender	: 29 Y 6 M 6 D /M	Collected	: 12/Feb/2022 09:56:50
UHID/MR NO	: CDCA.0000080178	Received	: 12/Feb/2022 11:36:51
Visit ID	: CDCA0287532122	Reported	: 12/Feb/2022 12:48:21
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	Unit	Bio. Ref. Interval	Method
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200-499 High
>500 Very High



Dr. R.K. Khanna
(MBBS, DCP)





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CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANIK KATIYAR	Registered On	: 12/Feb/2022 09:40:33
Age/Gender	: 29 Y 6 M 6 D /M	Collected	: 12/Feb/2022 14:15:11
UHID/MR NO	: CDCA.0000080178	Received	: 12/Feb/2022 14:54:14
Visit ID	: CDCA0287532122	Reported	: 12/Feb/2022 15:32:04
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
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URINE EXAMINATION, ROUTINE * , Urine

Color	LIGHT YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells	OCCASIONAL			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			
ABSENT				

SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage	ABSENT	gms%
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Interpretation:

(+) < 0.5
(++) 0.5-1.0





INDRA DIAGNOSTIC CENTRE

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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
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(+++) 1-2
(++++) > 2

SUGAR, PP STAGE * , Urine

Sugar, PP Stage ABSENT

Interpretation:

(+) < 0.5 gms%
(++) 0.5-1.0 gms%
(+++) 1-2 gms%
(++++) > 2 gms%



Dr. R.K. Khanna
(MBBS,DCP)





INDRA DIAGNOSTIC CENTRE

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Patient Name	: Mr.ANIK KATIYAR	Registered On	: 12/Feb/2022 09:40:33
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UHID/MR NO	: CDCA.0000080178	Received	: 12/Feb/2022 16:41:13
Visit ID	: CDCA0287532122	Reported	: 12/Feb/2022 17:17:32
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
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THYROID PROFILE - TOTAL ** , Serum

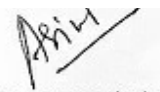
T3, Total (tri-iodothyronine)	121.30	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.67	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.50	μIU/mL	0.27 - 5.5	CLIA

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.




Dr. Anupam Singh
M.B.B.S, M.D.(Pathology)





INDRA DIAGNOSTIC CENTRE

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CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANIK KATTIYAR	Registered On	: 12/Feb/2022 09:40:34
Age/Gender	: 29 Y 6 M 6 D /M	Collected	: N/A
UHID/MR NO	: CDCA.0000080178	Received	: N/A
Visit ID	: CDCA0287532122	Reported	: 12/Feb/2022 14:31:44
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

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)

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

- **NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.**




Dr. Vandana Gupta
MBBS,DMRD,DNB





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Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

- Liver is normal in size measuring 12.1 cm in longitudinal span & shows mild diffuse increase in parenchymal echogenicity.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is normal at the porta.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct are normal at the porta. (4.8 mm)
- The gall bladder is normal in size and has regular walls. Wall thickness is normal. Lumen of the gall bladder is anechoic.

PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture.

RIGHT KIDNEY (10.9 x 3.5 cm)

- Right kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of right ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

LEFT KIDNEY (9.6 x 3.8 cm)

- Left kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of left ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

SPLEEN





INDRA DIAGNOSTIC CENTRE

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UHID/MR NO	: CDCA.0000080178	Received	: N/A
Visit ID	: CDCA0287532122	Reported	: 12/Feb/2022 11:33:30
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

- The spleen is normal in size (8.5 cm) and has a homogenous echotexture.

ILIAC FOSSA

- Scan over the iliac fossae does not reveal any fluid collection or mass.

URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and regular.

PROSTATE

- The prostate gland is normal in texture and size measures 3.5 x 3.2 x 3.1 cm (Vol- 18.7 cc).

IMPRESSION

- **Grade - I fatty liver.**

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG

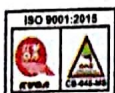



Dr. Vandana Gupta
MBBS, DMRD, DNB

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 *Facilities Available at Select Location

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Home Sample Collection
1800-419-0002

Mar. 2018