

# DIUYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mrs. JYOTI SRIVASTAVA	SAMPLE COLLECTED ON	14-03-2024
AGE / SEX	41 Y / Female	REPORT RELEASED ON	14/03/2024
COLLECTED AT	Inside	REPORTING TIME	2:03:38PM
RECEIPT No.	16,993	PATIENT ID	17023
REFERRED BY Dr.	DMH		
INVESTIGATION	COMPLETE BLOOD COUNT, Blood Group (ABO), Blood Sugar Fasting & PP, Urine Examination Report, KIDNEY FUNCTION TEST, Lipid Profile, LIVER FUNCTION TEST, ESR Wintrobe, Glycosylated Haemoglobin, T3 Triiodo Thyroid, T4 Thyroxine, TSH,		

Tests	Results	Biological Reference Range	Unit
-------	---------	----------------------------	------

## HAEMATOLOGY

### COMPLETE BLOOD COUNT

Haemoglobin	10.9	Low (Men : 13.5-18.0 G%) (Women : 11.5-16.4 G%) (4000-11000 /cumm)	G%
Total Leukocyte Count (TLC)	5500		/cumm
Differential Leukocyte Count (DLC)			%
Polymorph	58	(40-80)%	%
Lymphocyte	39	(20-40)%	%
Eosinophil	03	(01-6)%	%
Monocyte	00	Low (02-08)%	%
Basophil	00	(<1%)	%
R. B. C.	3.52	Low (4.2 - 5.5) million/cmm	million/ /Litre
P. C. V. (hematocrite)	29.9	Low (36-50) Litre/Litre	Litre
M. C. V.	84.3	(82-98) fl	fl
M. C. H.	30.6	(27Pg - 32Pg)	Pg
M. C. H. C.	36.1	High (21g/dl - 36g/dl)	g/dl
Platelete Count	1.58	(1.5-4.0 lacs/cumm)	/cumm
<b>ESR Wintrobe</b>			mm
Observed	20	20mm fall at the end of first hr.	

\*esr Is A Non Specific Phenomenon, Clinically Useful In Disorders Associated With An Increased Production Of Acute Phase Proteins.

\*elevated In Acute And Chronic Infections And Malignancies.

\*extremely High Esr Values Are Seen In Multiple Myeloma, Leukemia, Lymphoma, Breast And Lung Carcinomas, Rheumatoid Arthritis, Sile, Pulmonary Infarction.



Page 1 of 6

Fully Computerised Lab Equipped with Modern Technologies

सर्वोत्तम • सभी प्रकार की पैथोलॉजिकल जांचें • प्रायोगी • एफ.एन.एस. • रीप Smear • इंसोलेम (प्रोस्टेट रिपोर्ट) • साइटोलॉजी • बोस को • HbA1c • स्टीमल टेस्ट  
( 24 HR )  
For Home Collection Dial : 7905759374, 9076655547

पता : श्री बहादुर सिंह स्पोर्ट्स क्लिज के सामने, खर्गांची बराहदा काईपास रोड, राणी नगर-1, गोरखपुर - 273 003

Clinical correlation is essential for final diagnosis. In case of discrepancy test must be repeated. This report is not valid for medicolegal purpose.



PATIENT NAME Mrs. JYOTI SRIVASTAVA  
 AGE / SEX 41 Y / Female  
 COLLECTED AT Inside  
 RECEIPT No. 16,993  
 REFERRED BY Dr. DMH

SAMPLE COLLECTED ON 14-03-2024  
 REPORT RELEASED ON 14/03/2024  
 REPORTING TIME 2:03:38PM  
 PATIENT ID 17023

INVESTIGATION COMPLETE BLOOD COUNT, Blood Group (ABO), Blood Sugar Fasting & PP, Urine Examination Report, KIDNEY FUNCTION TEST, Lipid Profile, LIVER FUNCTION TEST, ESR, Wintrobe, Glycosylated Haemoglobin, T3 Triiodo Thyroid, T4 Thyroxine, TSH.

Tests	Results	Biological Reference Range	Unit
-------	---------	----------------------------	------

### BIOCHEMISTRY

#### Blood Sugar Fasting & PP

Blood Sugar Fasting	89.8	(60 - 110)mg/dl	mg/dl
Blood Sugar PP	128.5	110 - 140 mg/dl	mg/dl

Reference Value :  
 Fasting ( Diabetes 110.0 Mg% Or More ) ( Impaired Glucose Tolerance 110-126 Mg% )  
 After 2hrs. Of 75 Gm Glucose (oral) ( 70-140 Mg% ) ( Impaired Glucose Tolerance 140-200 Mg% )  
 Random/casual (diabetics 200 Mg% Or More, With Presenting Symptoms.)

#### Lipid Profile.

Total Cholestrol	158.6	125-200mg/dl Normal Value	mg/dL
H D L Cholestrol	39.5	(30-70 mg%)	mg%
Triglyceride	131.2	(60-165mg/dL)	mg/dL
V L D L	26.24	(5-40mg%)	mg%
L D L Cholestrol	92.86		mg/dl

50 Optimal  
 50-100 Near/Above Optimal

TC/HDL	4.0	(3.0-5.0)
LDL/HDL	2.2	(1.5-3.5)

Comment/interpretation  
 Lipid Profile Is A Panel Of Blood Tests That Serves As An Initial Board Medical Screening Tool For Abnormalities In Lipids, The Result Of This Tests Can Identify Certain Genetic Diseases And Can Determine Approximate Risks Of Cardiovascular Diseases, Certain Forms Of Pancreatitis And Other Diseases.

- Note::
1. Measurement In The Same Patient Can Show Physiological & Analytical Variations. Three Serial Samples 1 Week Apart Are Recommended For Total Cholesterol, triglycerides, hdl& Ldl Cholesterol.
  2. Atp Iii Recommends A Complete Lipoprotein Profile As The Initial Test For Evaluating Cholesterol.
  3. Friedewald Equation To Calculate Ldl Cholesterol Is Most Accurate When Triglyceride Level Is <400 Mg/dl. Measurement Of Direct Ldl Cholesterol Is Recommended When Triglyceride Level Is >400 Mg/dl.







PATIENT NAME	Mrs. JYOTI SRIVASTAVA	SAMPLE COLLECTED ON	14-03-2024
AGE / SEX	41 Y / Female	REPORT RELEASED ON	14/03/2024
COLLECTED AT	Inside	REPORTING TIME	2:03:38PM
RECEIPT No.	16,993	PATIENT ID	17023
REFERRED BY Dr.	DMH		

**INVESTIGATION** COMPLETE BLOOD COUNT, Blood Group (ABO), Blood Sugar Fasting & PP, Urine Examination Report, KIDNEY FUNCTION TEST, Lipid Profile, LIVER FUNCTION TEST, ESR Wintrobe, Glycosylated Haemoglobin, T3 Triiodo Thyroid, T4 Thyroxine, TSH,.

Tests	Results	Biological Reference Range	Unit
<b><u>LIVER FUNCTION TEST</u></b>			
Bilirubin (Total)	0.7	(0.10 - 1.20)mg/dl	mg/dl
Bilirubin (Direct)	0.3	(0.00-0.40)mg/dl	mg/dl
Bilirubin (in Direct)	0.4	(0.00-0.70) mg/dl	mg/dl
SGOT (AST)	26.9	0-40	IU/L
SGPT (ALT)	31.5	0.0-42.0	IU/L
Serum Alkaline Phosphatase	149.2	80.0-290.0	U/L
Serum Total Protein	6.5	6.0-7.8	gm/dl
Serum Albumin	3.7	3.5-5.0	gm/dl
Serum Globulin	2.8	2.3-3.5	gm/dl
A/G Ratio	<b>1.32</b>	High	

**Comments/interpretation:**  
 -liver Function Test Aid In Diagnosis Of Various Prehepatic, Hepatic And Post Hepatic Causes Of Dysfunction Like Hemolytic Anemias, Viral & Alcoholic Hepatitis And Cholestasis Of Obstructive Causes.  
 -the Tests Encompasses Hepatic Excretory, Synthetic Function And Also Hepatic Parenchymal Cell Damage.  
 -It Helps In Evaluating Severity, Monitoring Therapy And Assessing Prognosis Of Liver Disease And Dysfunction.

<b><u>KIDNEY FUNCTION TEST</u></b>			
Blood Urea	41.2	15.0-45.0	mg/dl
Serum Creatinine	1.1	0.7-1.4	mg/dl
Serum Uric Acid	5.9	Male-3.5-7.2 Female-2.5-6.0	mg/dl
Serum Sodium	138.1	136.0-149.0	mmol/L
Serum Potassium	4.0	3.5-5.5	mmol/L
Serum Calcium	8.5	8.0-10.5	mg/dl



# AMMAN HOSPITAL Pvt. Ltd.

Pathology Division



पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mrs. JYOTI SRIVASTAVA	SAMPLE COLLECTED ON	14-03-2024
AGE / SEX	41 Y / Female	REPORT RELEASED ON	14/03/2024
COLLECTED AT	Inside	REPORTING TIME	2:03:38PM
RECEIPT No.	16,993	PATIENT ID	17023
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, Blood Group (ABO), Blood Sugar Fasting & PP, Urine Examination Report, KIDNEY FUNCTION TEST, Lipid Profile, LIVER FUNCTION TEST, ESR, Wintrobe, Glycosylated Haemoglobin, T3 Triodo Thyroid, T4 Thyroxine, TSH,.

Tests	Results	Biological Reference Range	Unit
<b>Glycosylated Haemoglobin</b>			
HBA1c	6.0	(4.3-6.4)	%

Method: Ion Exchange High Performance Liquid Chromatography By Bio-rad D-10.

### Comments/interpretations:

Glycosylated Haemoglobin Is Proportional To Mean Plasma Glucose Level During Previous 6-12 Weeks. For People Without Diabetes, The Normal Range For The Hemoglobin A1c Level Is Between 4% And 5.6%. Hemoglobin A1c Levels Between 5.7% And 6.4% Mean You Have A Higher Chance Of Getting Diabetes. Levels Of 6.5% Or Higher Mean You Have Diabetes. recommended Goal Of Hba1c Is <7%. The Higher The Hemoglobin A1c, The Higher Your Risk Of Having Complications Related To Diabetes. A Combination Of Diet, Exercise, And Medication Can Bring Levels Down. People With Diabetes Should Have An A1c Test Every 3 Months To Make Sure Their Blood Sugar Is In Their Target Range. If Your Diabetes Is Under Good Control, You May Be Able To Wait Longer Between The Blood Tests. But Experts Recommend Checking At Least Two Times A Year. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test.

### SEROLOGY

#### Blood Group (ABO)

A.B.O.	"B"
Rh(D)	POSITIVE



Fully Computerised Lab Equipped with Modern Technologies

सुविधाएँ • सभी प्रकार के पैथोलॉजिकल जांचें • बायोफी • एफ.एन.ए.सी. • पैप स्मैयर • हाेमोम ( प्रतिदिन रिपोर्ट ) • साइटोलॉजी • बोन मैरो • HbA1c • स्पेशल टेस्ट ( 24 घंटे )

For Home Collection Dial : 7905759374, 9076655547

पता : डॉ. बहादुर सिंह स्पेशलिटी कॉलेज के सामने, खर्जांची बगलवा बाईपास रोड, राजी नगर-1, गोरखपुर - 273 003

Clinical correlation is essential for final diagnosis. In case of discrepancy test must be repeated. This report is not valid for medicolegal purpose.



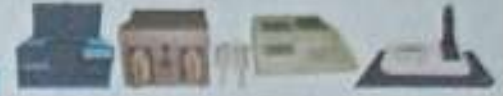
# AMAN HOSPITAL Pvt. Ltd.

Pathology Division



पैथोलॉजी संकाय

Pathological Examination Report



PATIENT NAME Mrs. JYOTI SRIVASTAVA  
 AGE / SEX 41 Y / Female  
 COLLECTED AT Inside  
 RECEIPT No. 16,993  
 REFERRED BY Dr. DMH

SAMPLE COLLECTED ON 14-03-2024  
 REPORT RELEASED ON 14/03/2024  
 REPORTING TIME 2:03:38PM  
 PATIENT ID 17023

INVESTIGATION COMPLETE BLOOD COUNT, Blood Group (ABO), Blood Sugar Fasting & PP, Urine Examination Report, KIDNEY FUNCTION TEST, Lipid Profile, LIVER FUNCTION TEST, ESR, Wintrobe, Glycosylated Haemoglobin, T3 Triiodo Thyroid, T4 Thyroxine, TSH, ..

Tests	Results	Biological Reference Range	Unit
<b>IMMUNOLOGY</b>			
T3 Triiodo Thyroid	1.12	(0.69 - 2.15)	ng/ml
T4 Thyroxine	104.2	(52 - 127) ng/ml	ng/ml
TSH	3.35	(0.3-4.5) uIU/ml	uIU/ml

Method : Sandwich Chemiluminescence Immunoassay.

- Remarks:
- Total Serum T3 And T4 Concentration Is Dependent Upon A Multiplicity Of Factors. Thyroid Gland Function And Its Regulation, Thyroxine Binding Globulin (tbG) Concentration And The Binding Of T3 & T4 To Tbg. Thus, Total T3 & T4 Concentration Alone Is Not Sufficient To Assess The Clinical Status.
  - A Decrease In Total Tri - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
  - Total Serum Tetra - Iodothyronine Values May Be Elevated Under Conditions Such As Pregnancy Or Administration Of Oral Contraceptives.
  - A Decrease In Total Tetra - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
  - Serum Tsh Concentration Is Dependent Upon A Multiplicity Of Factors: Hypothalamus Gland Function, Thyroid Gland Function, And The Responsiveness Of Pituitary To Trh. Thus, Tsh Concentration Alone Is Not Sufficient To Assess The Clinical Status.
  - Serum Tsh Values May Be Elevated By Pharmacological Intervention, Domperidone, Amiodazon, Iodide, Phenobarbital, Phenytoin Have Been Reported To Increase Tsh Levels.
  - A Decrease In Tsh Values Has Been Reported With The Administration Of Propranolol, Methimazol, Dopamine, And D - Thyroxine.
  - Genetic Variations Or Degradation Of Intact Tsh Into Subunits May Affect The Binding Characteristics Of The Antibodies And Influence The Final Result. Such Samps Normally Exhibit Different Results Among Various Assay Systems Due To The Reactivity Of The Antibodies Involved.



Fully Computerised Lab Equipped with Modern Technologies

सुविधाएँ : सभी प्रकार की पैथोलॉजिकल जांचें • बायोप्सी • एफ.एन.ए.सी. • पीप Smear • हार्मोन्स ( प्रतिदिन रिपोर्ट ) • साइटोलॉजी • ब्लॉड पैरो • HbA1c • स्पेशल टेस्ट ( 24 घंटे )  
 For Home Collection Dial : 7905759374, 9076655547

पता : बीर बहादुर मिश्र स्पोर्ट्स कॉलेज के सामने, राजकी बरगदवा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003

Clinical correlation is essential for final diagnosis. In case of discrepant test must be repeated. This report is not valid for medicolegal purposes.



PATIENT NAME	Mrs. JYOTI SRIVASTAVA	SAMPLE COLLECTED ON	14-03-2024
AGE / SEX	41 Y / Female	REPORT RELEASED ON	14/03/2024
COLLECTED AT	Inside	REPORTING TIME	2:03:38PM
RECEIPT No.	16,993	PATIENT ID	17023
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, Blood Group (ABO), Blood Sugar Fasting & PP, Urine Examination Report, KIDNEY FUNCTION TEST, Lipid Profile, LIVER FUNCTION TEST, ESR, Wintrobe, Glycosylated Haemoglobin, T3 Triiodo Thyroid, T4 Thyroxine, TSH.

Tests	Results	Biological Reference Range	Unit
-------	---------	----------------------------	------

## CLINICAL PATHOLOGY

### Urine Examination Report

<b>PHYSICAL</b>			ml
Volume	25	-	-
Colour	STRAW	-	-
Appearance	CLEAR	-	-
<b>CHEMICAL</b>			
Reaction PH	6.5	(4.5-8.0)	-
Specific Gravity	1.015	(1.01-1.025)	-
Proteins	NIL	NIL	-
Sugar	NIL	NIL	-
Blood	NIL	NIL	-
Phosphates/urates	NIL	NIL	-
Ketone Bodies	NIL	-	-
Chyle	NIL	NIL	-
Bile Pigment (Bilirubin)	NIL	-	-
Bile Salt	NIL	-	-
Urobilinogen	Normal	-	-
<b>MICROSCOPICAL</b>			
R B C	Absent	0-2 /hpf	/hpf
Pus Cells	4-6	0-5 /hpf	/hpf
Epithelial Cells	2-3	-	-
Crystals	Nil	-	-
Yeast Cells	Absent	-	-
Casts	Absent	-	-
<b>BACTERIA</b>	Absent	-	-

\*\*\* End of Report \*\*\*

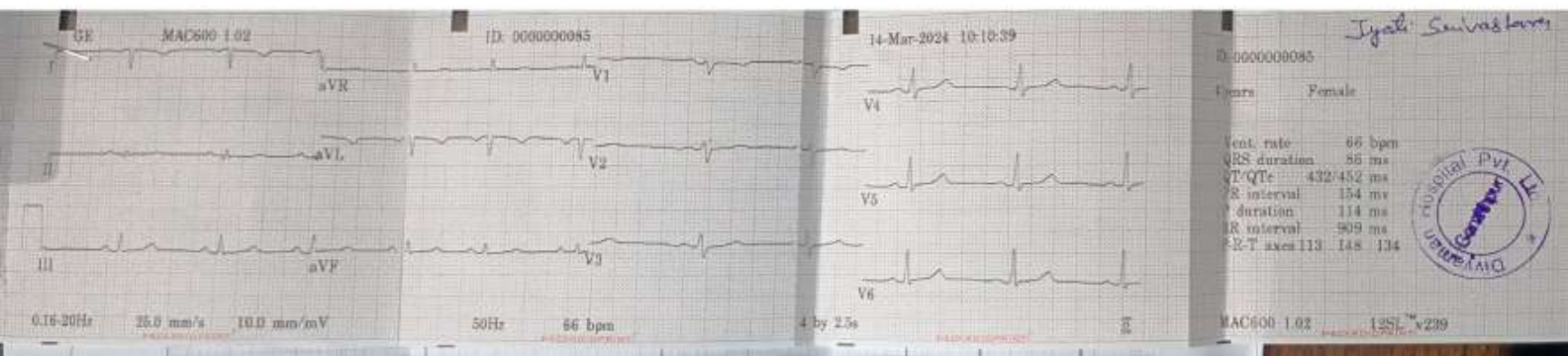


Consultant Pathologist  
DR.S. SRIVASTAVA M.D(PATH)

TECHNICIAN  
17023

Consultant Pathologist  
DR.VASUNDHARA SINGH M.D (PATH)





Iyati Sivasubramanian  
 ID: 0000000095  
 Female  
 Vent. rate 66 bpm  
 QRS duration 86 ms  
 QT/QTc 432/452 ms  
 ST interval 154 ms  
 \* duration 114 ms  
 R interval 909 ms  
 ST axes 113 148 134



**REPORT**

LD. NO 11	: U/14/03/02	March 14, 2024
Patient's Name:	: MS. JYOTI SRIVASTAVA	AGE/SEX 41YRS / F
Ref by Dr.	: DIVYAMAN HOSPITAL	

**2D- ECHO**

**MITRAL VALVE**

**Morphology** AML- Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/Sam/Doming.  
 PML- Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.  
 Subvalvular deformity Present/Absent Score :  
**Doppler** Normal/Abnormal E>A A>E  
 Mitral Stenosis Present/Absent RR Interval\_ msec  
 EDG\_ mmHg MDG\_ mmHg MVA\_ cm2  
 Mitral Regurgitation Absent/Trivial/Mild/Moderate/Severe.

**TRICUSPID VALVE**

**Morphology** Normal/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.  
**Doppler** Normal/Abnormal.  
 Tricuspid stenosis Present/Absent RR Interval\_ msec.  
 EDG\_ mmHg MDG\_ mmHg  
 Tricuspid regurgitation/Absent/Trivial/Mild/Moderate/Severe Frangmemed signals.  
 Velocity\_ msec. Pred. RVSP=RAP+\_ mmHg

**PULMONARY VALVE**

**Morphology** Normal/Atresia/Thickening/Doming/Vegetation.  
**Doppler** Normal/Abnormal  
 Pulmonary stenosis Present/Absent Level  
 PSG\_ mmHg Pulmonary annulus\_ mm  
 Pulmonary regurgitation Present/Absent  
 Early diastolic gradient\_ mmHg. End diastolic gradient\_ mmHg







# MRI & CT SCAN CENTER

Opposite Veer Bhadur Singh Sports College  
 Khajonchi Bargaoh By Pass Road  
 Gorakhpur-273003  
 Ph. Reception : 8417000900  
 Ph. Manager : 8417000898  
 Ph. Directors : 9415212566, 9415211286  
 E-mail : krspl.gkp@gmail.com

## REPORT

### AORTIC VALVE

Morphology **Normal/Thickening/Calcification/Restricted opening/Flutter/Vegetation**  
 No of cusps **1/2/3/4**

Doppler **Normal/Abnormal**  
 Aortic stenosis Present/Absent Level  
 PSG\_ mmHg Aortic annulus\_ mm  
 Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe.

Measurements	Values (Cm)	Measurements	Values (Cm)
Aorta :	2.92	LAc :	2.72
Lves :		Lved :	3.51
IVSed :	1.13	PW (LV):	
RVed :		RV Anterior wall	
EF :	66 %	IVC	

IVSmotion **Normal/Flat/Paradoxical/Other**

### CHAMBERS

LV **Normal/Enlarged/Clear/Thrombus/Hypertrophy/RWMA**  
 LA **Normal/Enlarged/Clear/Thrombus**  
 RA **Normal/Enlarged/Clear/Thrombus**  
 RV **Normal/Enlarged/Clear/Thrombus**  
 Pericardium **Normal/Thickening/Calcification/Effusion**

### IMPRESSION

- NO RWMA AT REST
- NORMAL LV FUNCTION
- LVEF 66% 2D,
- NORMAL SIZE CARDIAC CHAMBER
- NO I/C CLOT/VEG
- NO PERICARDIAL EFFUSION.



Cardiologist.

उपलब्ध सुविधाएँ



- CT Scan पीएम, एच. डीएम सीट
- CT Angiography
- Digital X-ray



- MRI Scan
- 4D Colour Dopler
- CT/ISS Guided Biopsy/PhAC



- ECG, ECD Cardiology
- Dr. Lab Path Lab
- 24 H Ambulance



THIS REPORT IS NOT FOR MEDICAL/Legal PURPOSE





R

CHEST-PA



JYOTI SRIVASTVA

41Y

Female DMH

14/03/2024 13:27:46

Chest PA

DIVYAMAN HOSPITAL PRIVATE LIMITED X-RAY DEPARTMENT

OPP. VEER SAHADUR SINGH SPORT COLLEGE, RAJINAGAR PHASE-I, GORAKHPUR, MOB. 7529899999



# दिव्यमान मल्टी स्पेशलिटी हॉस्पिटल



**Dr. Neena (Asthana) Srivastav**

M.B.B.S., D.G.O.  
Obstetrician, Gynaecologist & Surgeon  
(O.P.D. Closed on Saturday)

**डॉ. नीना (अस्थाना) श्रीवास्तव**

एम.बी.बी.एस., डी.जी.ओ.  
प्रसूति, स्त्री रोग विशेषज्ञ एवं सर्जन  
(ओ.पी.डी. शनिवार बंदी)

*Medi wheel*

PT Name. : MRS JYOTI SRIVASTAVA	Age. : 41 YEAR	Gender. : Female
OPD No. : 1123	UHID : UHID1023	Guardian. : NEERAJ SRIVASTAVA
Under Dr. : DR. NEENA ASTHANA	Department. : OBS & GYNAE	Qualification. : MBBS DGO
Date. : 15-03-2024	Address. : SHATABDIPURAM G K P	Contact : 8738825248

B.p. 130/80 mm/hg

Weight 65 kg

0114

Placenta sp. Au.

H. 9 157 (100%)  
NVL

Sept 17

*Ky. Kappaly 100*

*Apr*

- Evansova 1ml
- Menses 2y 1ml
- Dgaw 60 Wk. x 6 wk
- 2m St x 1ml

15/3

**:- अन्य विभाग :-**

- प्रसूति एवं स्त्री रोग
- मेडिसिन एवं आई.सी.यू.
- न्यूरोलॉजी
- जनरल व लिप्रोस्कोपिक सर्जरी
- शिशु, बाल रोग एवं एन.आई.सी.यू.
- ऑर्थोपेडिक सर्जरी
- यूरोलॉजी
- न्यूरोसर्जरी
- डायलिसिस
- कार्डियोलॉजी
- नाक, कान, गला रोग
- छाती रोग
- फिजियोथेरेपी एवं रिहबिलिटेशन
- प्राकृतिक उपचार
- रेडियोलॉजी एवं पैथोलॉजी
- नाइफलर ओ.टी., सी.आर्म

समय : सोमवार से शुक्रवार को दोपहर 10 बजे से शाम 04 बजे तक, रविवार को दोपहर 02 बजे से शाम 04 बजे तक  
 नम्बर लगाने एवं पुछताछ हेतु नम्बर : 7525969999, 8173006932, 0551-2506300  
 नोट : प्रसूति एवं स्त्री रोग विभाग को अलावा सभी ओ.पी.डी. की सेवाएं रविवार को बन्द रहेंगी।  
 पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, राजाजी बरगदवा बाईपास रोड, राप्ती नगर फेज-1, गोरखपुर -273003 ई-मेल - dmhgkp@gmail.com  
 24 घण्टे इमरजेन्सी, एक्स-रे, ई.सी.जी., ई.ई.जी. एवं पैथोलॉजी की सुविधा उपलब्ध