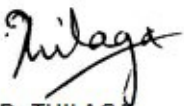


Patient Name	: Mr.LOGANATHAN D	Collected	: 29/Aug/2024 09:32AM
Age/Gender	: 29 Y 8 M 20 D/M	Received	: 29/Aug/2024 12:01PM
UHID/MR No	: CANN.0000241023	Reported	: 29/Aug/2024 02:10PM
Visit ID	: CANNOPV420254	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: LOGANATHAN D		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



Dr THILAGA  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

SIN No:CAG240806158

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Patient Name : Mr.LOGANATHAN D	Collected : 29/Aug/2024 09:32AM
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Emp/Auth/TPA ID : LOGANATHAN D	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.7	g/dL	13-17	Spectrophotometer
PCV	44.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.44	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>81.7</b>	fL	83-101	Calculated
MCH	<b>26.9</b>	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.6</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,800	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	56.2	%	40-80	Electrical Impedance
LYMPHOCYTES	28.9	%	20-40	Electrical Impedance
EOSINOPHILS	3.8	%	1-6	Electrical Impedance
MONOCYTES	9.8	%	2-10	Electrical Impedance
BASOPHILS	1.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3821.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1965.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	258.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	666.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	88.4	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.94		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	257000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	3	mm/hour	0-15	Capillary photometry
<b>PERIPHERAL SMEAR</b>				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

Page 2 of 10



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Patient Name	: Mr.LOGANATHAN D	Collected	: 29/Aug/2024 09:32AM
Age/Gender	: 29 Y 8 M 20 D/M	Received	: 29/Aug/2024 12:01PM
UHID/MR No	: CANN.0000241023	Reported	: 29/Aug/2024 02:10PM
Visit ID	: CANNOPV420254	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: LOGANATHAN D		

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324**

**WBC MORPHOLOGY** : Normal in number, morphology and distribution. No abnormal cells seen.

**PLATELETS** : Adequate in number.

**PARASITES** : No haemoparasites seen.

**IMPRESSION** : Normocytic normochromic blood picture.

**NOTE/ COMMENT** : Please correlate clinically.



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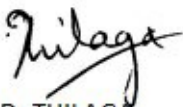
Patient Name	: Mr.LOGANATHAN D	Collected	: 29/Aug/2024 09:32AM
Age/Gender	: 29 Y 8 M 20 D/M	Received	: 29/Aug/2024 12:01PM
UHID/MR No	: CANN.0000241023	Reported	: 29/Aug/2024 08:30PM
Visit ID	: CANNOPV420254	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: LOGANATHAN D		

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY.



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Patient Name : Mr.LOGANATHAN D	Collected : 29/Aug/2024 09:32AM
Age/Gender : 29 Y 8 M 20 D/M	Received : 29/Aug/2024 12:23PM
UHID/MR No : CANN.0000241023	Reported : 29/Aug/2024 01:34PM
Visit ID : CANNOPV420254	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : LOGANATHAN D	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	90	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.


Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	100	mg/dL	70-140	HEXOKINASE

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALANINE AMINOTRANSFERASE	14	U/L	<50	UV with P5P

Page 5 of 10



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



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Patient Name : Mr.LOGANATHAN D	Collected : 29/Aug/2024 09:32AM
Age/Gender : 29 Y 8 M 20 D/M	Received : 29/Aug/2024 12:23PM
UHID/MR No : CANN.0000241023	Reported : 29/Aug/2024 01:34PM
Visit ID : CANNOPV420254	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : LOGANATHAN D	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324**

(ALT/SGPT) , SERUM

Test Name	Result	Unit	Bio. Ref. Interval	Method
BILIRUBIN, TOTAL , SERUM	0.57	mg/dL	0.3–1.2	DPD



**DR.R.SRIVATSAN**  
M.D.(Biochemistry)



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Patient Name	: Mr.LOGANATHAN D	Collected	: 29/Aug/2024 09:32AM
Age/Gender	: 29 Y 8 M 20 D/M	Received	: 29/Aug/2024 12:23PM
UHID/MR No	: CANN.0000241023	Reported	: 29/Aug/2024 03:24PM
Visit ID	: CANNOPV420254	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: LOGANATHAN D		

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BUN/CREATININE RATIO , SERUM</b>				
BLOOD UREA NITROGEN	<b>7.5</b>	mg/dL	8.0 - 23.0	Calculated
CREATININE	0.87	mg/dL	0.72 – 1.18	JAFFE METHOD
BUN / CREATININE RATIO	8.60			Calculated



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Visit ID : CANNOPV420254	Status : Final Report
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Emp/Auth/TPA ID : LOGANATHAN D	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
CREATININE , SERUM	0.87	mg/dL	0.72 – 1.18	JAFFE METHOD



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Patient Name : Mr.LOGANATHAN D	Collected : 29/Aug/2024 09:32AM
Age/Gender : 29 Y 8 M 20 D/M	Received : 29/Aug/2024 01:59PM
UHID/MR No : CANN.0000241023	Reported : 29/Aug/2024 02:55PM
Visit ID : CANNOPV420254	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : LOGANATHAN D	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.007		1.002-1.030	Refractometric
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

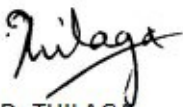
**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

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

Page 9 of 10



Dr THILAGA  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

SIN No:CAG240806160

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.  
This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:  
D No.30, F - Block 2nd Avenue, Anna Nagar East, Chennai.600 102,  
Phone - 044-26224504 / 05



1860 500 7788  
www.apolloclinic.com

**APOLLO CLINICS NETWORK**

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)



Patient Name	: Mr.LOGANATHAN D	Collected	: 29/Aug/2024 09:32AM
Age/Gender	: 29 Y 8 M 20 D/M	Received	: 29/Aug/2024 01:59PM
UHID/MR No	: CANN.0000241023	Reported	: 29/Aug/2024 02:55PM
Visit ID	: CANNOPV420254	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: LOGANATHAN D		

**DEPARTMENT OF CLINICAL PATHOLOGY**  
**ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324**



**Dr THILAGA**  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



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Patient Name : Mr.LOGANATHAN D  
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#### TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

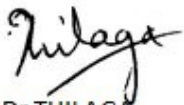
Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



Dr THILAGA  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



SIN No:CAG240806160

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name	: Mr. LOGANATHAN D	Age	: 29Yrs 8Mths 21Days
UHID	: CANN.0000241023	OP Visit No.	: CANNOPV420254
Printed On	: 29-08-2024 11:38 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: LOGANATHAN D		

---

**DEPARTMENT OF RADIOLOGY**

---

**X- RAY CHEST PA**

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardio phrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

\*NO SIGNIFICANT ABNORMALITY DETECTED.

---End Of The Report---

Dr. PRAVEENA T  
MBBS, DMRD, FAGE  
72064  
Radiology

---

Patient Name	: Mr. LOGANATHAN D	Age	: 29Yrs 8Mths 21Days
UHID	: CANN.0000241023	OP Visit No.	: CANNOPV420254
Printed On	: 29-08-2024 06:07 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: LOGANATHAN D		

---

**DEPARTMENT OF CARDIOLOGY**

---

**Observation :-**

- 1. Sinus Rhythm.**
- 2. Heart rate is 72 beats per minutes.**

**Impression:**

**EARLY RE-POLARIZATION**

---End Of The Report---

Dr. ARULNITHI AYYANATHAN  
MBBS., MRCP, AB, MBA  
63907  
Cardiology

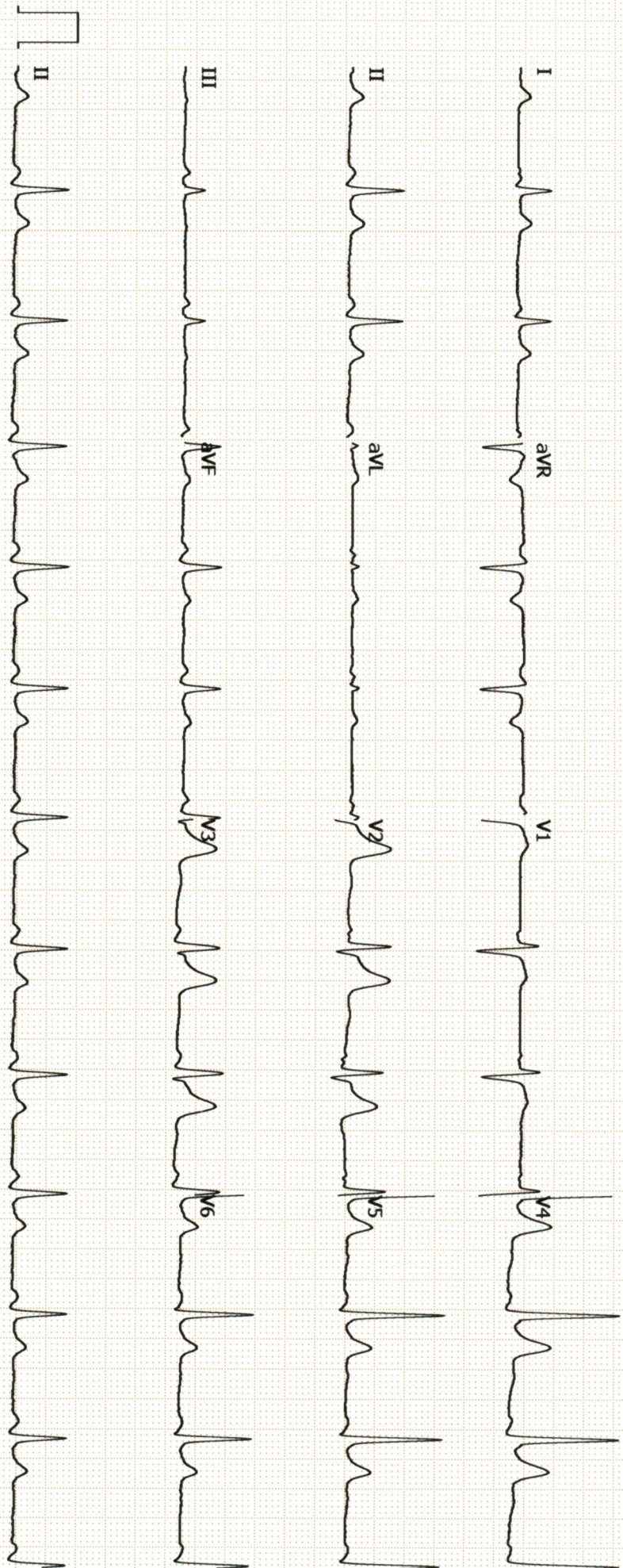
Location:  
Order Number:  
Visit:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Room:

Technician:  
Referring Ph:  
Attending Ph:

QRS : 98 ms  
QT / QTcBaz : 348 / 381 ms  
PR : 116 ms  
P : 104 ms  
RR / PP : 830 / 833 ms  
P / QRS / T : 63 / 56 / 46 degrees

MR  
ER.



**இந்திய அரசாங்கம்**  
Unique Identification Authority of India  
**Government of India**

பதிவு அடையாளம் / Enrollment No. : 1111/77754/01848

To  
**Loganathan**  
கொநாதன்  
S/O. Dhinakaran  
A 13  
SINGARATHOTTAM POLICE QUARTERS  
OLD WASHERMENPET  
Washermanpet  
Washermanpet, Chennai  
Tamil Nadu - 600021  
9710863990

10/10/2013

  
KL387118255FT  
387 1025



**உங்கள் ஆதார் எண் / Your Aadhaar No. :**  
**3908 7955 6110**

**ஆதார் - சாதாரண மனிதனின் அதிகாரம்**

---

 **இந்திய அரசாங்கம்**  
**Government of India**

கொநாதன்  
**Loganathan**





பிறந்த நாள் DOB: 09/12/1994  
ஆண்பால் / Male



**3908 7955 6110**

**ஆதார் - சாதாரண மனிதனின் அதிகாரம்**

**தகவல்**

- ஆதார் அடையாளத்திற்கான சான்று குடியரிமைக்கு அல்ல.
- அடையாள சான்றை இணையதளம் மூலம் உறுதிப்படுத்திக் கொள்ளவும்.


**CANN-241023**  
**OCR-106112**

**INFORMATION**

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.

- ஆதார் நாடு முழுவதிலும் செல்லுபடியாகும்.
- வருங்காலத்தில் அரசு மற்றும் அரசு சாரா சேவைகளை பயன்படுத்திக் கொள்ள ஆதார் உதவிகரமாக இருக்கும்.
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.

---

 **ஆதார்**  
**Unique Identification Authority of India**

முகவரி: 50 திண்டிவனம் ஏ. 13  
சிவகாமநோட்டம் காவலர் குடியிருப்பு  
பசுமைய வண்ணாரப்பேட்டை, வாழைநகர், சென்னை.  
வாழைநகர், சென்னை தலைநகர்  
600021

Address: S/O Dhinakaran, A  
13, SINGARATHOTTAM  
POLICE QUARTERS, OLD  
WASHERMENPET,  
Washermanpet,  
Washermanpet, Chennai,  
Tamil Nadu, 600021

**3908 7955 6110**

*PS*

## Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Wed 8/28/2024 12:16 PM

To:network@mediwheel.in <network@mediwheel.in>

Cc:Annanagar Apolloclinic <annanagar@apolloclinic.com>;Haranath S <haranath.s@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear Loganathan D,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **ANNA NAGAR clinic** on **2024-08-29** at **08:00-08:15**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL PMC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324]</b>

**"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."**

**Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.**

**Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.**

### **Instructions to be followed for a health check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.



**For Women:**

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

**For further assistance, please call us on our Help Line #: 1860 500 7788.**

**Clinic Address: APOLLO MEDICAL CENTRE,NO-30,F- BLOCK,2ND AVENUE,  
ANNANAGAR EAST,CHENNAI - 600102.**

**Contact No: 7358392880/7305702537.**

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,  
Apollo Clinic

Name:..... Loganathan. P  
 Occupation:.....  
 Age:..... 294 Sex: Male  Female   
 Address:.....  
 Ph:.....

Date:..... 29/8/24..... Reg. No.:..... 24102B  
 Ref. Physician:.....  
 Copies to:.....  
 .....

**REPORT ON OPHTHALMIC EXAMINATION**

History:  
Nil

Present Complaint:  
Nil

**ON EXAMINATION:**

	RE	LE
Ocular Movements :		
Anterior Segment :	<u>Free</u>	<u>Free</u>
Intra-Ocular-Pressure :		
Visual Acuity: D.V. :		
Without Glass :	<u>N</u>	<u>N</u>
With Glass :		
N.V. :	<u>6/6</u>	<u>6/6</u>
Visual Fields :		
Fundus :		<u>N6</u>
Impression :	<u>N6</u>	<u>Free</u>
Advice :	<u>Free</u>	<u>N</u>
Colour Vision :	<u>N</u>	

**OPHTHALMOLOGY / OPTOMETRIST**

CP