



Name : _____ Age : _____ Sex : _____

Address : _____ Tel.No. _____

Referred By Dr. : _____ Date : _____

HAEMATOLOGY	BIO-CHEMISTRY	SEROLOGY
<input type="checkbox"/> Hb%, PCV	<input type="checkbox"/> Blood Sugar F / PP / Random	<input type="checkbox"/> C Reactive Protein (CRP)
<input type="checkbox"/> Complete Blood Count (CBC)	<input type="checkbox"/> GTT - 5 Sample	<input type="checkbox"/> ASO titre
<input type="checkbox"/> CBC with ESR	<input type="checkbox"/> HbA1C	<input type="checkbox"/> RA Factor
<input type="checkbox"/> TC / DC / ESR	<input type="checkbox"/> Blood Urea	<input type="checkbox"/> Blood WIDAL
<input type="checkbox"/> Peripheral smear study	<input type="checkbox"/> Serum Creatinine	<input type="checkbox"/> VDRL
<input type="checkbox"/> MP / MF	<input type="checkbox"/> Serum Uric Acid	<input type="checkbox"/> HIV I & II (Elisa)
<input type="checkbox"/> MP QBC, MF QBC, or MP-Antigen	<input type="checkbox"/> Serum Cholesterol	<input type="checkbox"/> HBs Ag (Elisa)
<input type="checkbox"/> BT / CT	<input type="checkbox"/> Serum Triglycerides	<input type="checkbox"/> HBsAg - (Card Method)
<input type="checkbox"/> Haematogram	<input type="checkbox"/> Lipid Profile	<input type="checkbox"/> HIV - (Card Method)
<input type="checkbox"/> Platelet Count	<input type="checkbox"/> Liver Function Test	<input type="checkbox"/> HIV - Western Blot
<input type="checkbox"/> Blood Grouping & Rh type	<input type="checkbox"/> Serum Total Protein	<input type="checkbox"/> Dengue IgG / IgM
<input type="checkbox"/> Coombs test - Direct / Indirect	<input type="checkbox"/> Serum Albumin	<input type="checkbox"/> Leptospira IgM
<input type="checkbox"/> Reticulocyte count	<input type="checkbox"/> Serum Calcium	
	<input type="checkbox"/> Serum Phosphorous	HORMONES
CLINICAL PATHOLOGY	<input type="checkbox"/> S. Total & Direct Bilirubin	<input type="checkbox"/> Free T3, FT4, TSH
<input type="checkbox"/> Routine Urine Examination	<input type="checkbox"/> Serum Electrolytes	<input type="checkbox"/> Total T3, T4, TSH
<input type="checkbox"/> Urine Albumin / Sugar	<input type="checkbox"/> Serum Alk. Phosphatase	<input type="checkbox"/> FSH, LH, Prolactin
<input type="checkbox"/> Urine Bile Pigm / Bile Salt	<input type="checkbox"/> Serum Acid Phosphatase	<input type="checkbox"/> Testosterone Free / Total
<input type="checkbox"/> Urine Urobilinogen	<input type="checkbox"/> SGOT (AST)	<input type="checkbox"/> Progesterone Free / Total
<input type="checkbox"/> Urine test for Pregnancy	<input type="checkbox"/> SGPT (ALT)	
<input type="checkbox"/> Stool examination Routine	<input type="checkbox"/> Serum Gamma GT	OTHER TEST
<input type="checkbox"/> Stool for occult blood	<input type="checkbox"/> Serum Amylase	
<input type="checkbox"/> Reducing Substances	<input type="checkbox"/> Serum CPK	
<input type="checkbox"/> Semen Analysis	<input type="checkbox"/> Serum LDH	
	<input type="checkbox"/> Serum CK-MB	
	<input type="checkbox"/> Serum Lipase	
CARDIOLOGY	<input type="checkbox"/> 24hr Urine Protein	
<input type="checkbox"/> ECG	<input type="checkbox"/> 24hr Creatinine Clearance	
	MICROBIOLOGY	
HEALTH CHECKUPS	<input type="checkbox"/> Urine Culture & Sensitivity	
<input type="checkbox"/> Master Health Check	<input type="checkbox"/> Sputum for Culture Sensitivity	
<input type="checkbox"/> Mini Health Check	<input type="checkbox"/> Pus Culture & Sensitivity	
	<input type="checkbox"/> Sputum For AFB	

HOME COLLECTION AVAILABLE

DOCTOR'S SIGNATURE

Name: _____ Age: _____ Sex: _____

Address: _____ Tel.No. _____

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MINI HEALTH CHECKUP

BIO CHEMISTRY

- FBS
- PPBS
- UREA
- CREATININE
- TOTAL CHOLESTROL
- BILIRUBIN TOTAL
- SGOT
- SGPT

HAEMATOLOGY

- TOTAL WBC COUNT
- DIFFRENTIAL COUNT
- HAEMOGLOBIN (Hb)
- PCV
- PLATELET COUNT
- E.S.R. (1 Hr.)
- BLOOD GROUPING & Rh TYPING

CLINICAL PATHOLOGY

- URINE ROUTINE ANALYSIS
- STOOL ROUTINE ANALYSIS
- ECG

Doctor's Signature

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MASTER HEALTH CHECKUP

BIO CHEMISTRY

- FBS
- PPBS
- HbA1c
- UREA
- CREATININE

LIVER FUNCTION TEST

- TOTAL BILIRUBIN (T,D. IND)
- SGOT
- SGPT
- GAMMA GT
- ALP (ALKALINE PHOSPHATOSE)
- TOTAL PROTEIN
- ALBUMIN
- GLOBULIN
- ALG RATION

LIPID PROFILE

- TOTAL CHOLESTROL
- TRIGLYCERIDES
- HDL
- LDL
- VLDL
- CHOL/HDL RATIO
- HDL/LDL RATIO

HAEMATOLOGY

- TOTAL WBC COUNT
- DIFFRENTIAL COUNT
- HAEMOGLOBIN (Hb)
- PACKED CELL COLUME (PCV)
- RED BLOOD CELL (RBC)
- MCV
- MCH
- MCHC
- PALATELET COUNT
- E.S.R. (1 Hr.)
- BLOOD GROUPING & Rh TYPING

FEMAL - IMMUNOLOGY

- T3
- T4
- TSH

THYROID PROFILE

- MALE ABOVE 5 YRS
- PSA

Doctor's Signature

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