



Health Check-up Plan Details

Women's Health Plan (WHP)

LAB DEPARTMENT

Block B

Room Number 12

(Tick when done)

(Time)

<input type="checkbox"/>	Blood Sugar (Random)	Anytime
<input type="checkbox"/>	Creatinine	Anytime
<input type="checkbox"/>	Hematology Profile / CBC	Anytime
<input type="checkbox"/>	ESR	Anytime
<input type="checkbox"/>	ABO Grouping	Anytime
<input type="checkbox"/>	VDRL	Anytime
<input type="checkbox"/>	HBsAG	Anytime
<input type="checkbox"/>	Urine Routine	Anytime
<input type="checkbox"/>	Serum TSH	Anytime
<input type="checkbox"/>	LPC PAP Cytology Test (Pap Smear)	Anytime

EMERGENCY DEPARTMENT

Emergency

<input type="checkbox"/>	Electrocardiogram (ECG)	Anytime
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X-RAY DEPARTMENT

Room Number 6, OPD

<input type="checkbox"/>	Chest X-Ray	Anytime
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TMT ROOM

Room Number 8, OPD

<input type="checkbox"/>	Ultrasound (USG)	Anytime
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OPD ROOM

<input type="checkbox"/>	Doctor Consultation	OPD Time
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