



## Health Check-up Plan Details

### Comprehensive Cardiac Checkup (CCC)

#### LAB DEPARTMENT

(Tick When Done)

(Time)

<input type="checkbox"/>	Blood Sugar (Fasting)	Morning empty stomach 8-10 Hrs fasting
<input type="checkbox"/>	Blood Sugar (PP)	2 Hrs after meal
<input type="checkbox"/>	Sodium	Anytime
<input type="checkbox"/>	Potassium	Anytime
<input type="checkbox"/>	Lipid Profile	Morning empty stomach 8-10 Hrs fasting
<input type="checkbox"/>	Uric Acid	Anytime
<input type="checkbox"/>	Urea	Anytime
<input type="checkbox"/>	Creatinine	Anytime
<input type="checkbox"/>	CBC (Hematology profiles)	Anytime
<input type="checkbox"/>	Hemoglobin	Anytime
<input type="checkbox"/>	ESR	Anytime
<input type="checkbox"/>	Urine Routine	Anytime

Block B

Room Number 12

#### 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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#### RADIOLOGY ROOM

Room Number 8, OPD

<input type="checkbox"/>	Tread Mill Test (TMT)
<input type="checkbox"/>	Echocardiogram (ECHO)

#### OPD ROOM

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