APPOINTMENT VOUCHER



Voucher No:

Appointment Date:

Voucher Payment Status:

1047643 SEP 27, 2025 Paid - Online

Our Support Portal: support.healthi.in Ph:080-45685151 (Mon-Fri) 8 AM to 6 PM (Sat) 8 AM to 11.30 AM

Please Call 080-45685151 if you have service issues at the center.

Please present your Voucher ID number 1047643 to the center along with valid Government photo ID.

Provider Information:

Voucher Holder Information:

SPARSH HOSPITAL: RR NAGAR: BANGALORE Junjurampalli Khaja (1001963842)

8 IDEAL HOMES HBCS LAYOUT JAVARANDODDI, RR NAGAR BANGALORE, KARNATAKA 560098, Bangalore, 560098

Reporting time (for fasting samples):

Before 9:30 AM (Mon-Sat)

Phone:

8073889271, 9513291407, 8971111561

23yrs / Male

Phone: **7396781644** Employee ID: LTI-10738962

Instructions for Diagnostic center / Clinic / Hospital:

- Before providing any services, please validate the voucher, contact healthi support for any issues,+91 080-47168022
- Please do not collect any payment from the voucher holder
- Please do not provide any invoice to the voucher holder
- Please retain a copy of this voucher and a copy of the holder's photo ID to be attached with your invoice

PACK	AGE:		
S. No.	ID	Name	Status
1		24-LTI-01 Healthi	
		 Complete Blood Count with ESR Consultation - Physician ECG (Electrocardiogram) Eye Exam Glucose Random HbA1c (Glycosylated Haemoglobin) Lipid Profile TSH (Thyroid Stimulating Hormone) X-RAY CHEST Creatinine Protein Total SGOT/AST (Aspartate Aminotransferase) SGPT/ALT (Alanine Aminotransferase) Urine Routine & Microscopy 	

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- ECG & TMT Tests: Shaving chest hair is not mandatory but recommended for individuals with dense hair.
- Hard copies of reports must be collected from the center upon readiness. Check with the receptionist.
- If you use contact lenses, avoid wearing them before the test.
- Eye tests will be conducted by a technician.
- Do not smoke, drink, chew gum, or exercise before your test.
- Avoid eating for 9 to 12 hours before your test.
- Do not drink juice, tea, or coffee before your test.

Please ensure this sect	tion is filled, if Physical e	evaluation is included		
Provider Copy - V	ital Statistics			
Height (cm)	Weight (kg)	Blood Pressure	Waist (cm)	Hip (cm)
			_	
			≫Detach H	ere
User Copy - Vital	Statistics			
Height (cm)	Weight (kg)	Blood Pressure	Waist (cm)	Hip (cm)