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Phone - 08129910720, 08129910710, 07000MECURE (07000632873),
07000WECARE (07000932273)



Patient Name: Mr Ijalana Ayodele Bill Date: 2019-12-06 08:24 AM

 Sex / Age:
 Male / 33 Y
 Bill No:
 9206371

 Referred By Dr:
 Self
 Visit Code:
 10193390020

SERVICES AVAILED  Investigation(s)  Egbin Annual Screening [Male] Profile  65000.00					
Payment Detail Sr. No.		Collected Amt	Total Pay Mode	Details	65000.00
			Paid		0.00
			Balance to be Paid		<b>65000.00</b> For MeCure Health Care Ltd.
<u>Raj Karan Sah</u> GENERATED E	<u>u</u> 3Y				(ACCOUNTANT / CASHIER)
To view your reports online, please visit www.mecure.com.ng and click on "Online report".  Username: 10193390020 Password: 64230					

I, **Mr IJALANA AYODELE** hereby acknowledge that, the above mentioned tests/procedures were performed on me on 2019-12-06 08:24 AM at MECURE(OSHODI).

Signature.



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Patient Name: Mr Ijalana Ayodele

Sex / Age: Male / 33 Y Referred By Dr: Self Bill Date: 2019-12-06 08:24 AM

Bill No: 9206371 Visit Code: 10193390020

# **Service Requisition Slip**

### **AUDIOMETRY**

Audiological Evaluation

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### **SONOGRAPHY**

Sono Abdomen and Pelvis

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**XRAY** 

Xray Chest PA View

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### **Report Collection Slip**

#### **PATHOLOGY**

- 1. Alkaline Phosphatase [Serum]
- 2. Bilirubin (Total, Direct, Indirect), Serum [Serum]
- 3. BUN (Blood Urea Nitrogen) [Serum]
- 4. CEA-Carcino Embryonic Antigen [Serum]
- 5. Creatinine [Serum]
- 6. Gamma Gt (GGTP) [Serum]
- 7. HbA1c- Glycated Haemoglobin [Blood]
- 8. HBsAg, Screening [Serum]
- 9. HIV I & II Antibody Screen (Spot Test) [Serum]
- 10. Microalbumin [Urine, Spot]
- 11. Proteins [Serum]
- 12. Prothrombin Time (Pt) [Plasma]
- 13. SGOT (AST) [Serum]
- 14. SGPT (ALT) [Serum]
- 15. Stool, Routine Examination, (Basic) [Stool]
- 16. Uric Acid [Serum]
- 17. Urine, Routine Examination [Urine, Spot]
- 18. Blood Glucose Fasting
- 19. Blood Glucose Post Prandial
- 20. Lipid Profile (Mini)
- 21. CBC + ESR
- 22. Free T3 + Free T4 + TSH
- 23. Anti HCV- Screening

### **XRAY**

24. X-Ray Chest Pa View

### **ECG**

25. ECG

#### **EYE**

26. Eye Screening

### **SONOGRAPHY**

27. Sonography Abdomen And Pelvis

## **STRESS TEST**

28. Stress Test

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### **PHYSICIAN**

29. Assesments And Recommendations Report

30. BMI & BP

#### **AUDIOMETRY**

31. Audiological Evaluation

#### **DENTAL**

32. Dental Check up

#### **ECHO**

33. 2D Echo

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#### Disclaimer:

The physical copy of your report shall be ready for pickup at the report collection desk by the time assigned. However, in case there are any inordinate delays, the new time & date will be informed at report collection desk.

### **Refund Policy**

- If refund is requested within 30 days of visit, 10% of the bill value will be deducted from refund amount.
- If refund is requested after 30 days of visit, 30% of the bill value will be deducted from refund amount.
- Processing fee of N200 is non-refundable.
- All refunds will only be processed via bank transfers to client's or guardian's (in case of minor) account
  within 24 hours of refund request. Customers are requested to please provide name of the bank and
  account number at reception to help us transfer the refund.

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