APPOINTMENT VOUCHER



Voucher No:

Appointment Date:

Voucher Payment Status:

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

1032903 AUG 08, 2025 Paid - Online

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

Please present your Voucher ID number 1032903 to the center along with valid Government photo ID.

Provider Information:

LIFELINE HOSPITALS (A UNIT OF RIGID HOSPITALS PVT. LTD) : KILPAUK : CHENNAI

No. 47/3, New Avadi Road, Kilpauk, Chennai-600010, Chennai, 600010 Reporting time (for fasting samples):

Before 9:30 AM (Mon-Sat)

Phone: 9789834149

Voucher Holder Information:

Sudeesh S (1001946856) 26yrs / Male

Phone: **7418166825** Employee ID: 61092168

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

PACKAGE:							
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 					

- 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.

lease ensure this sector Provider Copy - \	tion is filled, if Physical e Vital Statistics	evaluation is included			
Height (cm)	Weight (kg)	Blood Pressure	Waist (cm)	Hip (cm)	
	_		_		
			Setach Here		
User Copy - Vital	Statistics				
Height (cm)	Weight (kg)	Blood Pressure	Waist (cm)	Hip (cm)	