

Statistics Report

| CenterName | NoOfPAtient | NumberofExams | NoOfRevenue |
|------------------------|-------------|---------------|-------------|
| ULTRASONOGRAPHY | | | |
| IPD | 31 | 32 | 192,000 |
| OPD | 877 | 880 | 5,352,500 |
| X-RAY | | | |
| IPD | 68 | 72 | 239,500 |
| OPD | 999 | 1,070 | 3,302,750 |

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|-----------------------|------------|----------------------|-------------|
| <u>Maintestname</u> | | <u>NumberofExams</u> | |
| IPD | | | |
| USG ABDOMEN | | 22 | |
| USG DOPPLER | | 1 | |
| USG Doppler Both Legs | | 1 | |
| USG OBSTETRIC | | 2 | |
| USG PORTABLE | | 2 | |
| USG SCROTUM | | 1 | |
| USG SOFT TISSUE | | 2 | |
| USG THYROID | | 1 | |
| XRAY ABDOMEN ADUL | | 3 | |
| XRAY ANKLE LEFT AP / | | 1 | |
| XRAY C ARM AFTER HC | | 2 | |
| XRAY C ARM FIRST HA | | 1 | |
| XRAY C ARM ONE HR | | 2 | |
| XRAY CERVICAL SPINE | | 3 | |
| XRAY CHEST ADULT P/ | | 21 | |
| XRAY FOOT LEFT AP / | | 2 | |
| XRAY HAND LEFT AP / | | 1 | |
| XRAY HIP BOTH AP | | 1 | |
| XRAY HIP LEFT AP / L | | 4 | |
| XRAY KNEE BOTH AP / | | 1 | |
| XRAY KNEE LEFT AP / | | 1 | |
| XRAY KNEE RIGHT AP | | 1 | |
| XRAY LEG LEFT AP / L | | 1 | |
| XRAY LEG RIGHT AP / | | 1 | |
| XRAY LUMBAR SPINE / | | 2 | |
| XRAY PELVIS ADULT | | 5 | |
| XRAY RADIOLOGIST RE | | 1 | |
| XRAY RADIOLOGIST RE | | 14 | |
| XRAY SHOULDER LAT | | 1 | |
| XRAY SHOULDER LEF | | 1 | |
| XRAY SHOULDER RIGH | | 1 | |
| XRAY THORACIC SPINE | | 1 | |
| OPD | | | |
| Chest Xray Medical | | 6 | |
| DISK | | 1 | |
| ECG (MEDICAL) | | 9 | |
| ELECTROCARDIOGRAM | | 136 | |
| UK IMMIGRATION CHE | | 1 | |
| USG ABDOMEN | | 471 | |
| USG BREAST | | 25 | |
| USG CERVICOMETRY | | 11 | |
| USG DOPPLER | | 28 | |
| USG Doppler Both Legs | | 3 | |
| USG OBSTETRIC | | 194 | |
| USG PELVIS/ FOLLI STL | | 48 | |
| USG PROSTATE | | 1 | |

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| USG PVR | | 3 | |
| USG REPORT REPRINT | | 1 | |
| USG SCROTUM | | 12 | |
| USG SOFT TISSUE | | 38 | |
| USG THYROID | | 26 | |
| USG TRANS VAGINAL | | 19 | |
| XRAY ABDOMEN ADUL | | 10 | |
| XRAY ABDOMEN ADUL | | 2 | |
| XRAY ADDITIONAL FILM | | 25 | |
| XRAY ANKLE LEFT AP / | | 15 | |
| XRAY ANKLE RIGHT AP | | 22 | |
| XRAY ANKLE RIGHT AP | | 4 | |
| XRAY BARIUM ENEMA | | 1 | |
| XRAY C ARM FIRST HAI | | 5 | |
| XRAY CERVICAL SPINE | | 25 | |
| XRAY CHEST ADULT LA | | 1 | |
| XRAY CHEST ADULT OI | | 3 | |
| XRAY CHEST ADULT PA | | 282 | |
| XRAY CHEST ADULT PA | | 9 | |
| XRAY CHEST CHILD AP | | 25 | |
| XRAY CHEST CHILD AP | | 1 | |
| XRAY CLAVICLE AP | | 1 | |
| XRAY CONTRAST EXTF | | 5 | |
| XRAY ELBOW RIGHT A | | 1 | |
| XRAY ELBOW LEFT AP/ | | 2 | |
| XRAY FACIAL BONE | | 1 | |
| XRAY FEMUR LEFT AP/ | | 3 | |
| XRAY FEMUR RIGHT AF | | 1 | |
| XRAY FINGER LEFT MII | | 2 | |
| XRAY FINGER LEFT TH | | 1 | |
| XRAY FINGER RIGHT IN | | 1 | |
| XRAY FINGER RIGHT LI | | 3 | |
| XRAY FINGER RIGHT R | | 1 | |
| XRAY FINGER RIGHT TI | | 3 | |
| XRAY FISTULAGRAM | | 2 | |
| XRAY FOOT LEFT AP / | | 11 | |
| XRAY FOOT LEFT AP / | | 9 | |
| XRAY FOOT RIGHT AP | | 13 | |
| XRAY FOOT RIGHT AP | | 2 | |
| XRAY FOOT RIGHT AP | | 12 | |
| XRAY FOREARM LEFT / | | 3 | |
| XRAY FOREARM RIGHT | | 3 | |
| XRAY HAND LEFT AP / | | 7 | |
| XRAY HAND LEFT AP / | | 7 | |
| XRAY HAND RIGHT AP | | 3 | |
| XRAY HAND RIGHT AP | | 12 | |
| XRAY HEEL BOTH AXIA | | 1 | |
| XRAY HEEL BOTH LAT. | | 5 | |

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|-----------------------|------------|---------------|-------------|
| XRAY HEEL LEFT LAT. | | 1 | |
| XRAY HEEL RIGHT AXI/ | | 1 | |
| XRAY HEEL RIGHT LAT | | 1 | |
| XRAY HIP BOTH AP | | 1 | |
| XRAY HIP BOTH AP / L | | 1 | |
| XRAY HIP LEFT AP | | 3 | |
| XRAY HIP LEFT AP / L | | 5 | |
| XRAY HIP RIGHT AP | | 4 | |
| XRAY HIP RIGHT AP / I | | 4 | |
| XRAY HSG 1 hr | | 5 | |
| XRAY HSG 2 hr | | 4 | |
| XRAY HUMERUS LEFT / | | 2 | |
| XRAY HUMERUS RIGHT | | 4 | |
| XRAY KNEE BOTH AP / | | 19 | |
| XRAY KNEE LEFT AP / | | 29 | |
| XRAY KNEE RIGHT AP | | 1 | |
| XRAY KNEE RIGHT AP | | 26 | |
| XRAY KNEE RIGHT LAT | | 1 | |
| XRAY LEG LEFT AP | | 1 | |
| XRAY LEG LEFT AP / L | | 10 | |
| XRAY LEG RIGHT AP / I | | 13 | |
| XRAY LUMBAR SPINE / | | 65 | |
| XRAY LUMBAR SPINE(| | 1 | |
| XRAY MANDIBLE AP / | | 1 | |
| XRAY PELVIS ADULT | | 25 | |
| XRAY PELVIS CHILD | | 1 | |
| XRAY RADIOLOGIST RE | | 4 | |
| XRAY RADIOLOGIST RE | | 54 | |
| XRAY SHOULDER LAT | | 3 | |
| XRAY SHOULDER OBL | | 1 | |
| XRAY SHOULDER BOT | | 2 | |
| XRAY SHOULDER LEF | | 9 | |
| XRAY SHOULDER RIG | | 8 | |
| XRAY SINUSES SINUSI | | 15 | |
| XRAY SINUSES WATEF | | 7 | |
| XRAY SIS | | 2 | |
| XRAY SKULL AP / LAT. | | 8 | |
| XRAY TEMPORAL MANI | | 1 | |
| XRAY THORACIC SPINE | | 10 | |
| XRAY THORACO/ LUMB | | 10 | |
| XRAY TOE LEFT BIG TC | | 1 | |
| XRAY TOE RIGHT BIG T | | 1 | |
| XRAY WRIST LEFT AP / | | 5 | |
| XRAY WRIST RIGHT AP | | 2 | |