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	APPOINTMENT REGISTRATION FORM :
	(Required only under various health check-up schemes)
NOTE	E : 1. PLEASE FILL IN ALL THE BLANKS IN CAPITAL LETTERS.
	2. YOU OR YOUR REPRESENTATIVE CAN FILL THE FORM.
Α.	Name and age of the person for whom appointment is required :
	Mrs / Miss / Mr. :
	Sex : Male / Female Age : Years :
Β.	Name of the Doctor (If Refered by) One :
C.	Name of the Organisation (If Sponsored by One) :
D.	Residence Address :
	Pin Code
E.	Phone Nos. : (R) (O) (M)
	(Atleast One Phone Number has to be specified)
F.	Occupation Business / Service, As
G.	E-mail Adress
H.	Convinient Date for Appoint : At 8.00 a.m. to 8.30 a.m. on ///
I.	Informed Consent
Hospi	e undersigned,hereby provide my voluntary and informed consent to Dr. Jivraj Mehta ital to conduct laboratory and radiological investigation through health check-up as ned necessary by the healthcare professionals associated with the organization
ु दारा	ીચે હસ્તાक्ષરિત, આથી સંસ્થા સાથે સંકળાચેલા હેલ્થકેર પ્રોફેશનલ્સ દ્વારા જરૂરી માનવામાં આવતા આરોગ્ય તપાસ લેબોરેટરી અને રેડિયોલોજીકલ તપાસ કરવા માટે ડો. જીવરાજ મહેતા હોસ્પિટલને મારી સ્વૈચ્છિક અને જાણકાર પ્રદાન કરું છું.

Sign.....

 $JMH\,/\,2024\,/\,01\,/16$

APPOINTMENT REQUIRED FOR CHECK UP TESTS (Tick " \checkmark ")

GENERAL HEALTH CHECK-UP PLAN

CBC ESR, URINE RM, STOOL, FBS+PPBS, LIPID PROFILE, CREATININE, SGPT, X-RAY CHEST, ECG, ABD-SONOGRAPHY, PHYSICIAN CHECK-UP & COUNSELLING + GYNEC CHECK UP & COUNSELLING & DIET ADVISE. FOLLOWED BY HIGH TEA

BASIC HEALTH CHECK-UP PLAN

CBC ESR, URINE RM, STOOL, FBS, LIPID PROFILE, CREATININE, SGPT, TSH, HBA1C (PPBS IF REQUIRED), X-RAY CHEST, ECG, ABD-SONOGRAPHY, PHYSICIAN CHECK-UP & COUNSELLING + GYNEC CHECK UP, PAP SMEAR* FOR FEMALE & COUNSELLING, DIET ADVISE, FOLLOWED BY HIGH TEA

MASTER HEALTH CHECK-UP PLAN

CBC ESR, URINE RM, STOOL, FBS, LIPID PROFILE, CREATININE, UREA, SODIUM, POTASSIUM, SGPT, TSH, HBA1C (PPBS IF REQUIRED), GGT, URIC ACID, IONIC CALCIUM, RA , X-RAY CHEST, ECG, ABD-SONOGRAPHY, PHYSICIAN CHECK-UP & COUNSELLING + GYNEC CHECK UP, PAP SMEAR* FOR FEMALE & COUNSELLING + DIET ADVISE, FOLLOWED BY HIGH TEA

DIABETIC HEALTH CHECK-UP PLAN

CBC ESR, URINE RM, STOOL, FBS + PPBS, LIPID PROFILE, CREATININE, SGPT, TSH, HBA1C (PPBS IF REQUIRED), URINE FOR MICROALBUMIN, X-RAY CHEST, ECG, ABD-SONOGRAPHY, PHYSICIAN CHECK-UP & COUNSELLING + GYNEC CHECK UP, PAP SMEAR* FOR FEMALE & COUNSELLING, DIET ADVISE, FUNDUS EXAMINAION OF EYE. FOLLOWED BY HIGH TEA.

PRE OPERATIVE HEALTH CHECK-UP PLAN WITH FITNESS

CBC ESR, GROUP RH, URINE RM, STOOL, FBS, LIPID PROFILE, CREATININE, UREA SODIUM, POTASSIUM, HIV, HBsAG, PT, APTT, SGPT, TSH HBA1C (PPBS IF REQUIRED), X-RAY CHEST, ECG, ABD-SONOGRAPHY, GYNEC CHECKUP, PHYSICIAN CHECK UP WITH FITNESS, FOLLOWED BY HIGH TEA.

CARDIAC HEALTH CHECK-UP PLAN - A

CBC ESR, URINE RM, STOOL, FBS, LIPID PROFILE, CREATININE, SGPT, TSH, HBA1C (PPBS IF REQUIRED), X-RAY CHEST, ECG, ABD-SONOGRAPHY, PHYSICIAN CHECK-UP & COUNSELLING + GYNEC CHECK UP, PAP SMEAR* FOR FEMALE & COUNSELLING, DIET ADVISE + TMT, FOLLOWED BY HIGH TEA.

CARDIAC HEALTH CHECK-UP PLAN - B

CBC ESR, URINE RM, STOOL, FBS, LIPID PROFILE, CREATININE, SGPT, TSH, HBA1C (PPBS IF REQUIRED), X-RAY CHEST, ECG, ABD-SONOGRAPHY, PHYSICIAN CHECK-UP & COUNSELLING + GYNEC CHECK UP, PAP SMEAR* FOR FEMALE & COUNSELLING, DIET ADVISE + 2D ECHO, FOLLOWED BY HIGH TEA.

CARDIAC HEALTH CHECK-UP PLAN - C

CBC ESR, URINE RM, STOOL, FBS, LIPID PROFILE, CREATININE, SGPT, TSH, HBA1C (PPBS IF REQUIRED), X-RAY CHEST, ECG, ABD-SONOGRAPHY, PHYSICIAN, CHECK-UP & COUNSELLING + GYNEC CHECK UP, PAP SMEAR FOR FEMALE & COUNSELLING, DIET ADVISE + TMT + 2D ECHO, FOLLOWED BY HIGH TEA.

PREMIUM PLAN

CBC ESR, URINE RM, STOOL, FBS, LIPID PROFILE, CREATININE, UREA, SODIUM, POTASSIUM, SGPT, TSH, HBA1C (PPBS IF REQUIRED), GGT, URIC ACID, IONIC CALCIUM, RA , X-RAY CHEST, ECG, ABD-SONOGRAPHY, Vit D3, Vit B12 , PHYSICIAN CHECK-UP & COUNSELLING + GYNEC CHECK UP, PAP SMEAR* FOR FEMALE & COUNSELLING + DIET ADVISE, FOLLOWED BY HIGH TEA

CARDIAC PLATINUM

CBC ESR, URINE RM, STOOL, FBS, LIPID PROFILE, CREATININE, UREA, SODIUM, POTASSIUM, GGT, URIC ACID, IONIC CALCIUM, RA, SGPT, TSH, HBA1C (PPBS IF REQUIRED), X-RAY CHEST, ECG, ABD-SONOGRAPHY, PHYSICIAN CHECK-UP & COUNSELLING + GYNEC CHECK UP, Vit D₃, Vit B₁, Echo, TMT, PAP SMEAR* FOR FEMALE & COUNSELLING, DIET ADVISE, FOLLOWED BY HIGH TEA.

Total Amount Payable Rs.: _____

Date : ____/___/____/

Sign. ___

Rs. 1499/-()

Rs. 1999/-()

Rs. 2499/- ()

Rs. 2499/-()

Rs. 2999/-()

Rs. 2599/- ()

Rs. 3399/-()

Rs. 3999/-()

Rs. 3499/- ()

Rs. 6499/- ()