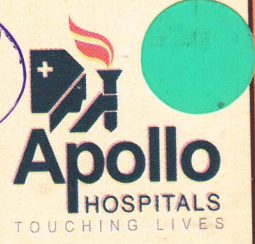


AHC-CHECKLIST & GUIDE - APHC BLOCK
PROHEALTH AMHC & OTHER PACKAGES



Name : Mrs. ROKEYA BEGUM
 Age : 56 Y/F AHC No: CHN AH8 818 158
 UHID No.: Date: 14/05/2023 08:05:13 AM
 Age : UHID: AC01.0005013169
 Date :

Ht : 153
 Wt : 65.3



D. Lams

NON DIABETIC DIABETIC

| S. No. | Name of the Tests/Consults in PROHEALTH AMHC & OTHER PACKAGES | Counter / Room No. | Reporting Time | Signature |
|--------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------|--------------------|
| 1 | Billing : Payment <i>CFC</i> | 1st Floor: Counter No. 1 3rd / 4th Floor: Counter No. 3/4 | | <i>[Signature]</i> |
| 2 | 1st Sample blood & Urine (Fasting) | Counter 3A /4A Room No. 301/401 | 9.25 | <i>[Signature]</i> |
| 3 | 2nd Sample blood & Urine (2 hrs. after food for Diabetics/Glucose) <i>1:30</i> | Counter 3A/4A Room 301/401 | 11.00 | <i>[Signature]</i> |
| 4 | Stool Sample (Optional) | Counter 3A/4A | | |
| 5 | Initial Assessment (Height, Weight etc.) | Counter 3B/4B Room 303/403 | | <i>[Signature]</i> |
| 6 | Medical History | Counter 3B/4B | 9.05 | <i>[Signature]</i> |
| 7 | Ultrasound Abdomen (Screening only) < Upper Abdomen Lower Abdomen | Counter 3B/4B | 11.07 | <i>[Signature]</i> |
| 8 | ECG | Counter 3E/4E Room 320/321 or 420/421 | | <i>[Signature]</i> |
| 9 | X-Ray chest (Not for pregnant women) <i>can be done</i> | Counter 3E/4E Room 310/410 | 9.28 | <i>[Signature]</i> |
| 10A | Gynaec check up (for women) | Counter 3C/4C | | <i>[Signature]</i> |
| 10B | Gynaec Papsmear | Counter 3C/4C Taken: <input checked="" type="checkbox"/> Not Taken: <input type="checkbox"/> | | <i>[Signature]</i> |
| 11 | For Men: Surgical Consult | Counter 3E / 4E | | |
| 12 | Physical Examination <i>Dr. Safinaaz</i> | Counter 2 (2nd Floor) A,B,C,D | | |
| 13 | Breakfast or Lunch (Complimentary only for standard packages with fasting) | 5th Floor | 11:20 | <i>[Signature]</i> |

Package Seal : *Pro APHC (Echo)*

Additional Tests or Consultations:

- APOLLO PERSONALISED HEALTH CHECK (APHC)
- APOLLO PRIMARY HEALTH CHECK
- + TREADMILL TEST
- OPHTHAL SCREENING
- VACCINATION CONSELLING
- CHS

[Handwritten notes and signatures]
2nd floor
(A)

Dr - 614

***30% DISCOUNT ON ADDITIONAL TEST FOR PROHEALTH PACKAGES VALID IF AVAILED WITHIN A WEEK From the time of billing** PTO Backside

Name and Signature of the AHC Facilitator: _____