

Porwal Diagnostic Medical Research Centre Pvt.Ltd.  
 Teena tower, Opp. M.T.N.I. Office, Fatak Road, Bhayander (W),  
 Thane - 401101  
 Tel-022-28181212, Email:contact@pdmrc.in visit us at  
 :http://www.pdmrc.in

## RECEIPT

**Patient Name** : MR. RAJESH R. AJMERA  
**Age / Sex** : 52 Years/MALE  
**Ref Dr.** : SELF  
**Con Dr** :  
**Date** : 21/03/2024  
**Bill No** : 1017245101  
**Lab No** : 104249467  
**Time** : 09:09

| S.No. | TESTS               | Amount |
|-------|---------------------|--------|
| 1     | PDMRC HEALTH PLAN P | 2900   |

**Total Amount** : 2,900.00

**TWO THOUSAND NINE HUNDRED ONLY.**

**Paid**

2,900.00

**Bill Generated By**



Anvi - 790003198)

PDMRC'S HEALTH PLAN

| Test Name                               | Mini  | Primary | Silver | Gold   | Diamond |
|---|-------|---------|--------|--------|---------|
| <b>Pathology Tests</b>                  | ✓     | ✓       | ✓      | ✓      | ✓       |
| CBC + ESR                               | ✓     |         |        |        |         |
| <b>Tests for Diabetes</b>               | ✓     | ✓       | ✓      | ✓      | ✓       |
| Blood Sugar (Fasting)                   |       | ✓       | ✓      | ✓      | ✓       |
| Blood Sugar (PP/PG)                     |       |         |        |        |         |
| <b>Tests for Liver Disease</b>          |       | ✓       | ✓      | ✓      | ✓       |
| SGOT                                    | ✓     | ✓       | ✓      | ✓      | ✓       |
| SGPT                                    |       | ✓       | ✓      | ✓      | ✓       |
| GGT                                     |       | ✓       | ✓      | ✓      | ✓       |
| Billirubin (Total, Direct, Indirect)    |       | ✓       | ✓      | ✓      | ✓       |
| Alkaline Phosphatase                    |       | ✓       | ✓      | ✓      | ✓       |
| Proteins (Albumin, Globulin, A/G Ratio) |       | ✓       | ✓      | ✓      | ✓       |
| <b>Tests for Heart Disease</b>          |       | ✓       | ✓      | ✓      | ✓       |
| LDH                                     |       | ✓       | ✓      | ✓      | ✓       |
| Triglycerides                           | ✓     | ✓       | ✓      | ✓      | ✓       |
| Cholesterol                             | ✓     | ✓       | ✓      | ✓      | ✓       |
| HDL-Cholesterol                         | ✓     | ✓       | ✓      | ✓      | ✓       |
| LDL-Cholesterol                         | ✓     | ✓       | ✓      | ✓      | ✓       |
| VLDL-Cholesterol                        | ✓     | ✓       | ✓      | ✓      | ✓       |
| LDL/HDL Ratio                           | ✓     | ✓       | ✓      | ✓      | ✓       |
| Total Cholesterol / HDL Ratio           | ✓     | ✓       | ✓      | ✓      | ✓       |
| <b>Tests for Kidney Disease</b>         |       | ✓       | ✓      | ✓      | ✓       |
| Urea                                    |       | ✓       | ✓      | ✓      | ✓       |
| Creatinine                              | ✓     | ✓       | ✓      | ✓      | ✓       |
| Uric Acid                               |       | ✓       | ✓      | ✓      | ✓       |
| <b>Electrolytes</b>                     |       |         |        | ✓      | ✓       |
| Calcium                                 |       |         | ✓      | ✓      | ✓       |
| Urine Routine                           | ✓     | ✓       | ✓      | ✓      | ✓       |
| <b>Specialized Investigations</b>       |       |         |        |        | ✓       |
| Lipo Protein                            |       |         |        |        | ✓       |
| Homocysteine                            |       |         |        |        | ✓       |
| Hs CRP                                  |       | ✓       | ✓      | ✓      | ✓       |
| Microalbumin                            |       | ✓       | ✓      | ✓      | ✓       |
| Glycosylated Haemoglobin                |       |         |        | ✓      | ✓       |
| Vitamin D                               |       |         |        | ✓      | ✓       |
| Vitamin B12                             |       |         |        | ✓      | ✓       |
| Thyroid Hormone Test (F13/FT4/TSH)      |       |         | ✓      | ✓      | ✓       |
| <b>Diagnostic Tests</b>                 |       |         |        |        | ✓       |
| HIV                                     |       |         |        | ✓      | ✓       |
| Chest X-Ray (Digital)                   |       | ✓       | ✓      | ✓      | ✓       |
| E.C.G.(12 Lead)                         |       | ✓       | ✓      | ✓      | ✓       |
| Sonography Abdomen & Pelvis             |       |         | ✓      | ✓      | ✓       |
| Stress Test                             |       |         | ✓      | ✓      | ✓       |
| PAP Smear (For Femates)                 |       |         | ✓      | ✓      | ✓       |
| 2D Echo (For Females)                   |       |         |        | ✓      | ✓       |
| Mammography (For Femates)               |       |         |        | ✓      | ✓       |
| DEXA Bone Densitometry                  |       |         |        | ✓      | ✓       |
| Body Fat Analysis                       |       |         |        | ✓      | ✓       |
| Spirametry / PFT                        |       |         |        | ✓      | ✓       |
| <b>Cancer Risk Markers</b>              |       |         |        |        | ✓       |
| PSA for Prostate Cancer (For Males)     |       |         |        | ✓      | ✓       |
| CA 125 for Ovarian Cancer (For Females) |       |         |        | ✓      | ✓       |
| Carotid Colour Doppler                  |       |         |        | ✓      | ✓       |
| CT Brain                                |       |         |        |        | ✓       |
| MRI Whole Spine Screening               |       |         |        |        | ✓       |
| <b>CHARGES</b>                          | 990/- | 2900/-  | 4990/- | 9900/- | 19900/- |

Anvi

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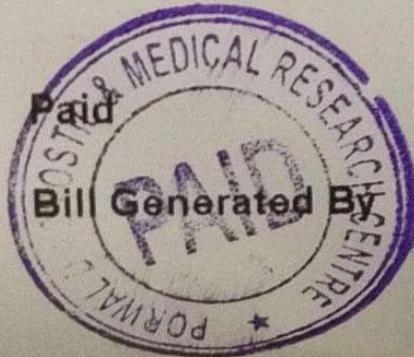
## RECEIPT

**Patient Name** : MRS. NISHA RAJESH AJMERA  
**Age / Sex** : 46 Years/FEMALE  
**Ref Dr.** : SELF  
**Con Dr** :  
**Date** : 21/03/2024  
**Bill No** : 1017245102  
**Lab No** : 104249466  
**Time** : 09:00

| S.No. | TESTS               | Amount |
|-------|---------------------|--------|
| 1     | PDMRC HEALTH PLAN S | 4990   |

**Total Amount** : **4,990.00**

**FOUR THOUSAND NINE HUNDRED NINETY ONLY.**



4,990.00

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*[Signature]*

**Authorized Signatory**  
 SIMMIE GAREA