

PROFILE LIST

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Sr.	Profile Name	ICD Code	ActiveF	
1	ALCOHOL CARE PROFILE <input type="checkbox"/> BLOOD GLUCOSE FASTING <input type="checkbox"/> URINE ROUTINE <input type="checkbox"/> FOLIC ACID, SERUM <input type="checkbox"/> RFT (MINI)	<input type="checkbox"/> LIPID PROFILE <input type="checkbox"/> AMYLASE <input type="checkbox"/> CBC	<input type="checkbox"/> LFT - LIVER FUNCTION TEST <input type="checkbox"/> LIPASE <input type="checkbox"/> SPIROMETRY / PFT	Y
2	ANAEMIA PROFILE - I <input type="checkbox"/> ESR <input type="checkbox"/> IRON TIBC <input type="checkbox"/> FERRITIN	<input type="checkbox"/> CBC <input type="checkbox"/> RETICULOCYTE COUNT <input type="checkbox"/> VITAMIN B12	<input type="checkbox"/> FOLIC ACID, SERUM <input type="checkbox"/> URINE ROUTINE	Y
3	ANC PROFILE <input type="checkbox"/> HIV 1 & 2 Antibody <input type="checkbox"/> URINE ROUTINE <input type="checkbox"/> HBsAg - AUSTRALIA ANTIGEN	<input type="checkbox"/> TSH ultrasensitive <input type="checkbox"/> BLOOD GLUCOSE RANDOM <input type="checkbox"/> BLOOD GROUP	<input type="checkbox"/> VDRL/RPR <input type="checkbox"/> CBC	Y
4	ANC PROFILE - ADVANCE <input type="checkbox"/> HBsAg - AUSTRALIA ANTIGEN <input type="checkbox"/> VDRL/RPR <input type="checkbox"/> BLOOD GLUCOSE RANDOM <input type="checkbox"/> BLOOD GROUP	<input type="checkbox"/> HB ELECTROPHORESIS <input type="checkbox"/> TSH ultrasensitive <input type="checkbox"/> HCV HEPATITIS C VIRUS	<input type="checkbox"/> HIV 1 & 2 Antibody <input type="checkbox"/> URINE ROUTINE <input type="checkbox"/> CBC	Y
5	ANC PROFILE (MINI) <input type="checkbox"/> BLOOD GROUP <input type="checkbox"/> URINE ROUTINE <input type="checkbox"/> HBsAg - AUSTRALIA ANTIGEN	<input type="checkbox"/> CBC <input type="checkbox"/> HIV 1 & 2 Antibody	<input type="checkbox"/> BLOOD GLUCOSE RANDOM <input type="checkbox"/> VDRL/RPR	Y
6	ARTHRITIS PROFILE - ADVANCE <input type="checkbox"/> VITAMIN D (25-HYDROXY CHOLECALCIFEROL) <input type="checkbox"/> CALCIUM <input type="checkbox"/> HLA B 27 By Flow Cytometry <input type="checkbox"/> ESR	<input type="checkbox"/> RA FACTOR (RHEUMATOID ARTHRITIS FACTOR) <input type="checkbox"/> CCP - (CYCLIC CITRULLINATED PEPTIDE) ANTIBODY <input type="checkbox"/> CRP <input type="checkbox"/> VITAMIN B12 (CYANOCOBALAMINE)	<input type="checkbox"/> URIC ACID <input type="checkbox"/> CBC <input type="checkbox"/> ANA BY IFA	Y
7	ARTHRITIS PROFILE - MINI <input type="checkbox"/> ESR <input type="checkbox"/> CALCIUM	<input type="checkbox"/> CRP <input type="checkbox"/> URIC ACID	<input type="checkbox"/> CBC <input type="checkbox"/> RA FACTOR (RHEUMATOID ARTHRITIS FACTOR)	Y
8	CANCER PROFILE - FEMALE <input type="checkbox"/> CBC <input type="checkbox"/> AFP ALPHA FETO PROTEIN <input type="checkbox"/> BETA HCG <input type="checkbox"/> Sonomammography	<input type="checkbox"/> CA 19.9 (PANCREATIC CANCER MARKER) <input type="checkbox"/> CEA-CARCINO EMBRYONIC ANTIGEN <input type="checkbox"/> CA 125 <input type="checkbox"/> USG ABDOMEN AND PELVIS	<input type="checkbox"/> HbA1C - Glycosylated Haemoglobin <input type="checkbox"/> CREATININE <input type="checkbox"/> BLOOD GLUCOSE FASTING	Y
9	CANCER PROFILE - MALE <input type="checkbox"/> USG ABDOMEN AND PELVIS <input type="checkbox"/> PSA (PROSTATE SPECIFIC ANTIGEN) <input type="checkbox"/> AFP ALPHA FETO PROTEIN <input type="checkbox"/> CBC	<input type="checkbox"/> BLOOD GLUCOSE FASTING <input type="checkbox"/> CREATININE <input type="checkbox"/> HbA1C - Glycosylated Haemoglobin	<input type="checkbox"/> BETA HCG <input type="checkbox"/> CEA-CARCINO EMBRYONIC ANTIGEN <input type="checkbox"/> CA 19.9 (PANCREATIC CANCER MARKER)	Y
10	CHILDREN NUTRITION PROFILE <input type="checkbox"/> CBC <input type="checkbox"/> G6PD (QUANTITATIVE) <input type="checkbox"/> HbA1C - Glycosylated Haemoglobin <input type="checkbox"/> HB ELECTROPHORESIS	<input type="checkbox"/> IRON TIBC <input type="checkbox"/> CALCIUM <input type="checkbox"/> TFT - THYROID FUNCTION TEST	<input type="checkbox"/> FOLIC ACID, SERUM <input type="checkbox"/> VITAMIN D (25-HYDROXY CHOLECALCIFEROL) <input type="checkbox"/> VITAMIN B12 (CYANOCOBALAMINE)	Y
11	CLASSIC PACKAGE (FEMALE) <input type="checkbox"/> RFT (MINI)	<input type="checkbox"/> ESR	<input type="checkbox"/> ELECTROLYTES (NA,K,CL)	Y

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	<input type="checkbox"/> PAP SMEAR (CERVICAL & VAGINAL CYTOLOGY) <input type="checkbox"/> STRESS TEST / TMT <input type="checkbox"/> X RAY CHEST AP VIEW <input type="checkbox"/> TFT - THYROID FUNCTION TEST <input type="checkbox"/> LIPID PROFILE <input type="checkbox"/> BLOOD GLUCOSE POST PRANDIAL <input type="checkbox"/> PHOSPHORUS	<input type="checkbox"/> USG ABDOMEN AND PELVIS <input type="checkbox"/> SPIROMETRY / PFT <input type="checkbox"/> Dietician Consultation <input type="checkbox"/> HbA1C - Glycosylated Haemoglobin <input type="checkbox"/> URINE ROUTINE <input type="checkbox"/> BLOOD GROUP <input type="checkbox"/> ECG	<input type="checkbox"/> HbSAg - AUSTRALIA ANTIGEN <input type="checkbox"/> Physician Consultation <input type="checkbox"/> Gynecologist Consultation <input type="checkbox"/> BLOOD GLUCOSE FASTING <input type="checkbox"/> LFT - LIVER FUNCTION TEST <input type="checkbox"/> CALCIUM <input type="checkbox"/> CBC	
12	CLASSIC PACKAGE (MALE)			Y
	<input type="checkbox"/> CBC <input type="checkbox"/> BLOOD GROUP <input type="checkbox"/> URINE ROUTINE <input type="checkbox"/> HbA1C - Glycosylated Haemoglobin <input type="checkbox"/> Dietician Consultation <input type="checkbox"/> SPIROMETRY / PFT <input type="checkbox"/> USG ABDOMEN AND PELVIS <input type="checkbox"/> ECG	<input type="checkbox"/> PHOSPHORUS <input type="checkbox"/> BLOOD GLUCOSE POST PRANDIAL <input type="checkbox"/> LIPID PROFILE <input type="checkbox"/> TFT - THYROID FUNCTION TEST <input type="checkbox"/> X RAY CHEST AP VIEW <input type="checkbox"/> STRESS TEST / TMT <input type="checkbox"/> ELECTROLYTES (NA,K,CL)	<input type="checkbox"/> CALCIUM <input type="checkbox"/> LFT - LIVER FUNCTION TEST <input type="checkbox"/> BLOOD GLUCOSE FASTING <input type="checkbox"/> RFT (MINI) <input type="checkbox"/> Physician Consultation <input type="checkbox"/> HbSAg - AUSTRALIA ANTIGEN <input type="checkbox"/> ESR	
13	DIABETES PROFILE (BASIC)			Y
	<input type="checkbox"/> CREATININE <input type="checkbox"/> LIPID PROFILE <input type="checkbox"/> BUN (BLOOD UREA NITROGEN) <input type="checkbox"/> Urine For Microalbumin	<input type="checkbox"/> HbA1C - Glycosylated Haemoglobin <input type="checkbox"/> URINE ROUTINE <input type="checkbox"/> CBC	<input type="checkbox"/> BLOOD GLUCOSE FASTING <input type="checkbox"/> BLOOD GLUCOSE POST PRANDIAL <input type="checkbox"/> INSULIN	
14	EXCLUSIVE PACKAGE (MALE)			Y
	<input type="checkbox"/> TRANSFERIN SATURATION <input type="checkbox"/> CBC <input type="checkbox"/> RA FACTOR (RHEUMATOID ARTHRITIS FACTOR) <input type="checkbox"/> URINE ROUTINE <input type="checkbox"/> HbA1C - Glycosylated Haemoglobin <input type="checkbox"/> PSA (PROSTATE SPECIFIC ANTIGEN) <input type="checkbox"/> ELECTROLYTES (NA,K,CL) <input type="checkbox"/> IGE LEVEL <input type="checkbox"/> USG ABDOMEN AND PELVIS <input type="checkbox"/> Physician Consultation <input type="checkbox"/> 2D ECHO WITH CD	<input type="checkbox"/> IRON TIBC <input type="checkbox"/> CALCIUM <input type="checkbox"/> BLOOD GLUCOSE POST PRANDIAL <input type="checkbox"/> LIPID PROFILE <input type="checkbox"/> FERRITIN <input type="checkbox"/> TFT - THYROID FUNCTION TEST <input type="checkbox"/> RFT (MINI) <input type="checkbox"/> ESR <input type="checkbox"/> SPIROMETRY / PFT <input type="checkbox"/> X RAY CHEST AP VIEW <input type="checkbox"/> Dietician Consultation	<input type="checkbox"/> BLOOD GROUP <input type="checkbox"/> PHOSPHORUS <input type="checkbox"/> LFT - LIVER FUNCTION TEST <input type="checkbox"/> BLOOD GLUCOSE FASTING <input type="checkbox"/> CEA-CARCINO EMBRYONIC ANTIGEN <input type="checkbox"/> ECG <input type="checkbox"/> Vit.B12 + Vit. D3 <input type="checkbox"/> HbSAg - AUSTRALIA ANTIGEN <input type="checkbox"/> STRESS TEST / TMT <input type="checkbox"/> CD CAROTID DOPPLER	
15	EXCLUSIVE PACKAGE(FEMALE)			Y
	<input type="checkbox"/> Dietician Consultation <input type="checkbox"/> CD CAROTID DOPPLER <input type="checkbox"/> Mammography <input type="checkbox"/> USG ABDOMEN AND PELVIS <input type="checkbox"/> PAP SMEAR (CERVICAL & VAGINAL CYTOLOGY) <input type="checkbox"/> RFT (MINI) <input type="checkbox"/> TFT - THYROID FUNCTION TEST <input type="checkbox"/> HbA1C - Glycosylated Haemoglobin <input type="checkbox"/> URINE ROUTINE <input type="checkbox"/> BLOOD GROUP <input type="checkbox"/> CALCIUM <input type="checkbox"/> TRANSFERIN SATURATION	<input type="checkbox"/> Gynecologist Consultation <input type="checkbox"/> X RAY CHEST AP VIEW <input type="checkbox"/> STRESS TEST / TMT <input type="checkbox"/> HbSAg - AUSTRALIA ANTIGEN <input type="checkbox"/> IGE LEVEL <input type="checkbox"/> ELECTROLYTES (NA,K,CL) <input type="checkbox"/> CA 125 <input type="checkbox"/> BLOOD GLUCOSE FASTING <input type="checkbox"/> LFT - LIVER FUNCTION TEST <input type="checkbox"/> RA FACTOR (RHEUMATOID ARTHRITIS FACTOR) <input type="checkbox"/> CBC <input type="checkbox"/> CA 15.3 (BREAST CANCER MARKER)	<input type="checkbox"/> 2D ECHO WITH CD <input type="checkbox"/> Physician Consultation <input type="checkbox"/> SPIROMETRY / PFT <input type="checkbox"/> ESR <input type="checkbox"/> Vit.B12 + Vit. D3 <input type="checkbox"/> ECG <input type="checkbox"/> FERRITIN <input type="checkbox"/> LIPID PROFILE <input type="checkbox"/> BLOOD GLUCOSE POST PRANDIAL <input type="checkbox"/> PHOSPHORUS <input type="checkbox"/> IRON TIBC	
16	FAST FOOD CARE PROFILE			Y
	<input type="checkbox"/> CBC <input type="checkbox"/> LIPID PROFILE <input type="checkbox"/> SGOT	<input type="checkbox"/> BUN (BLOOD UREA NITROGEN) <input type="checkbox"/> HbA1C - Glycosylated Haemoglobin	<input type="checkbox"/> SGPT <input type="checkbox"/> CREATININE	

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17	FERTILITY PROFILE (FEMALE)		Y
	<input type="checkbox"/> FSH / LH / PRL <input type="checkbox"/> CBC <input type="checkbox"/> USG ABDOMEN AND PELVIS	<input type="checkbox"/> TFT - THYROID FUNCTION TEST <input type="checkbox"/> ANTI TPO (THYROID PEROXIDASE/ MICROSOMAL AB) <input type="checkbox"/> VITAMIN B12 (CYANOCOBALAMINE)	<input type="checkbox"/> URINE ROUTINE <input type="checkbox"/> ESR
18	FERTILITY PROFILE (MALE)		Y
	<input type="checkbox"/> VITAMIN B12 (CYANOCOBALAMINE) <input type="checkbox"/> CBC	<input type="checkbox"/> SEMEN ANALYSIS <input type="checkbox"/> URINE ROUTINE	<input type="checkbox"/> ESR <input type="checkbox"/> TSH ultrasensitive
19	FEVER PROFILE ADVANCE		Y
	<input type="checkbox"/> CBC <input type="checkbox"/> RAPID MALARIA TEST	<input type="checkbox"/> ESR <input type="checkbox"/> CHIKUNGUNYA TEST	<input type="checkbox"/> Dengue IgG & IgM Antibody and Ns1 Antigen (card Test)
20	HEART CARE PROFILE		Y
	<input type="checkbox"/> ELECTROLYTES (NA,K,CL) <input type="checkbox"/> APOLIPOPROTEIN A1, B <input type="checkbox"/> LIPID PROFILE	<input type="checkbox"/> ESR <input type="checkbox"/> HbA1C - Glycosylated Haemoglobin	<input type="checkbox"/> CBC <input type="checkbox"/> URINE ROUTINE
21	INFERTILITY PROFILE		Y
	<input type="checkbox"/> HbA1C - Glycosylated Haemoglobin <input type="checkbox"/> Testosterone (Total) <input type="checkbox"/> PROGESTERONE	<input type="checkbox"/> TFT - THYROID FUNCTION TEST <input type="checkbox"/> CORTISOL <input type="checkbox"/> LH - LEUTINISING HORMONE	<input type="checkbox"/> AMH-ANTI MULLERIAN HORMONE <input type="checkbox"/> FSH-FOLLICLE STIMULATING HORMONE <input type="checkbox"/> PRL - PROLACTIN
22	KIDNEY PROFILE		Y
	<input type="checkbox"/> 24 HRS URINARY PROTEIN <input type="checkbox"/> HbA1C - Glycosylated Haemoglobin <input type="checkbox"/> URINE ROUTINE	<input type="checkbox"/> Urine For Microalbumin <input type="checkbox"/> BLOOD GLUCOSE FASTING <input type="checkbox"/> ELECTROLYTES (NA,K,CL)	<input type="checkbox"/> CBC <input type="checkbox"/> LIPID PROFILE <input type="checkbox"/> RFT (MAX)
23	LIVER PROFILE		Y
	<input type="checkbox"/> HBsAg - AUSTRALIA ANTIGEN <input type="checkbox"/> CBC	<input type="checkbox"/> LFT - LIVER FUNCTION TEST <input type="checkbox"/> HCV HEPATITIS C VIRUS	<input type="checkbox"/> HbA1C - Glycosylated Haemoglobin
24	OBESITY PROFILE		Y
	<input type="checkbox"/> CORTISOL <input type="checkbox"/> BLOOD GLUCOSE POST PRANDIAL <input type="checkbox"/> CREATININE <input type="checkbox"/> BLOOD GLUCOSE FASTING <input type="checkbox"/> BLOOD PRESSURE <input type="checkbox"/> WEIGHT	<input type="checkbox"/> CBC <input type="checkbox"/> BUN (BLOOD UREA NITROGEN) <input type="checkbox"/> TFT - THYROID FUNCTION TEST <input type="checkbox"/> LIPID PROFILE <input type="checkbox"/> ECG	<input type="checkbox"/> ALBUMIN <input type="checkbox"/> HbA1C - Glycosylated Haemoglobin <input type="checkbox"/> URINE ROUTINE <input type="checkbox"/> Vit.B12 + Vit. D3 <input type="checkbox"/> PROTEINS (Serum)
25	PCOD PROFILE		Y
	<input type="checkbox"/> TFT - THYROID FUNCTION TEST <input type="checkbox"/> Testosterone (Total) <input type="checkbox"/> INSULIN	<input type="checkbox"/> FSH / LH / PRL <input type="checkbox"/> CBC <input type="checkbox"/> AMH-ANTI MULLERIAN HORMONE	<input type="checkbox"/> HbA1C - Glycosylated Haemoglobin <input type="checkbox"/> DHEA-S
26	PRE OPERATIVE PROFILE - ADVANCE		Y
	<input type="checkbox"/> HCV HEPATITIS C VIRUS <input type="checkbox"/> BLOOD GROUP <input type="checkbox"/> BLOOD GLUCOSE FASTING <input type="checkbox"/> ESR	<input type="checkbox"/> HBsAg - AUSTRALIA ANTIGEN <input type="checkbox"/> HIV 1 & 2 Antibody <input type="checkbox"/> URINE ROUTINE <input type="checkbox"/> ECG	<input type="checkbox"/> CBC <input type="checkbox"/> LFT - LIVER FUNCTION TEST <input type="checkbox"/> FITNESS CERTIFICATE <input type="checkbox"/> X RAY CHEST AP VIEW
27	PRIMARY PACKAGE (FEMALE)		Y
	<input type="checkbox"/> X RAY CHEST AP VIEW <input type="checkbox"/> ECG <input type="checkbox"/> ESR <input type="checkbox"/> BLOOD GLUCOSE FASTING <input type="checkbox"/> HbA1C - Glycosylated Haemoglobin	<input type="checkbox"/> Physician Consultation <input type="checkbox"/> RFT (MINI) <input type="checkbox"/> ELECTROLYTES (NA,K,CL) <input type="checkbox"/> LIPID PROFILE <input type="checkbox"/> BLOOD GROUP	<input type="checkbox"/> USG ABDOMEN AND PELVIS <input type="checkbox"/> PAP SMEAR (CERVICAL & VAGINAL CYTOLOGY) <input type="checkbox"/> LFT - LIVER FUNCTION TEST <input type="checkbox"/> URINE ROUTINE <input type="checkbox"/> BLOOD GLUCOSE POST PRANDIAL

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	<input type="checkbox"/> CALCIUM	<input type="checkbox"/> PHOSPHORUS	<input type="checkbox"/> CBC
28	PRIMARY PACKAGE (MALE)		Y
	<input type="checkbox"/> CBC	<input type="checkbox"/> ECG	<input type="checkbox"/> PHOSPHORUS
	<input type="checkbox"/> CALCIUM	<input type="checkbox"/> BLOOD GLUCOSE POST PRANDIAL	<input type="checkbox"/> BLOOD GROUP
	<input type="checkbox"/> HbA1C - Glycosylated Haemoglobin	<input type="checkbox"/> LIPID PROFILE	<input type="checkbox"/> LFT - LIVER FUNCTION TEST
	<input type="checkbox"/> BLOOD GLUCOSE FASTING	<input type="checkbox"/> URINE ROUTINE	<input type="checkbox"/> ELECTROLYTES (NA,K,CL)
	<input type="checkbox"/> ESR	<input type="checkbox"/> RFT (MINI)	<input type="checkbox"/> USG ABDOMEN AND PELVIS
	<input type="checkbox"/> Physician Consultation	<input type="checkbox"/> X RAY CHEST AP VIEW	
29	SMOKING CARE PROFILE (MALE)		Y
	<input type="checkbox"/> X RAY CHEST AP VIEW	<input type="checkbox"/> SPIROMETRY / PFT	<input type="checkbox"/> Urine Cotinine
	<input type="checkbox"/> URINE ROUTINE	<input type="checkbox"/> CEA-CARCINO EMBRYONIC ANTIGEN	<input type="checkbox"/> IRON TIBC
	<input type="checkbox"/> CBC		
30	SPECIAL PACKAGE (FEMALE)		Y
	<input type="checkbox"/> CBC	<input type="checkbox"/> BLOOD GROUP	<input type="checkbox"/> BLOOD GLUCOSE POST PRANDIAL
	<input type="checkbox"/> CALCIUM	<input type="checkbox"/> PHOSPHORUS	<input type="checkbox"/> HbA1C - Glycosylated Haemoglobin
	<input type="checkbox"/> TFT - THYROID FUNCTION TEST	<input type="checkbox"/> URINE ROUTINE	<input type="checkbox"/> LFT - LIVER FUNCTION TEST
	<input type="checkbox"/> BLOOD GLUCOSE FASTING	<input type="checkbox"/> LIPID PROFILE	<input type="checkbox"/> Gynecologist Consultation
	<input type="checkbox"/> Dietician Consultation	<input type="checkbox"/> SPIROMETRY / PFT	<input type="checkbox"/> USG ABDOMEN AND PELVIS
	<input type="checkbox"/> STRESS TEST / TMT	<input type="checkbox"/> HBsAg - AUSTRALIA ANTIGEN	<input type="checkbox"/> X RAY CHEST AP VIEW
	<input type="checkbox"/> 2D ECHO WITH CD	<input type="checkbox"/> Physician Consultation	<input type="checkbox"/> RFT (MINI)
	<input type="checkbox"/> ECG	<input type="checkbox"/> ELECTROLYTES (NA,K,CL)	<input type="checkbox"/> PAP SMEAR (CERVICAL & VAGINAL CYTOLOGY)
	<input type="checkbox"/> ESR		
31	SPECIAL PACKAGE(MALE)		Y
	<input type="checkbox"/> ESR	<input type="checkbox"/> ELECTROLYTES (NA,K,CL)	<input type="checkbox"/> RFT (MINI)
	<input type="checkbox"/> Physician Consultation	<input type="checkbox"/> X RAY CHEST AP VIEW	<input type="checkbox"/> 2D ECHO WITH CD
	<input type="checkbox"/> HBsAg - AUSTRALIA ANTIGEN	<input type="checkbox"/> USG ABDOMEN AND PELVIS	<input type="checkbox"/> STRESS TEST / TMT
	<input type="checkbox"/> SPIROMETRY / PFT	<input type="checkbox"/> Dietician Consultation	<input type="checkbox"/> BLOOD GLUCOSE FASTING
	<input type="checkbox"/> LFT - LIVER FUNCTION TEST	<input type="checkbox"/> LIPID PROFILE	<input type="checkbox"/> URINE ROUTINE
	<input type="checkbox"/> TFT - THYROID FUNCTION TEST	<input type="checkbox"/> HbA1C - Glycosylated Haemoglobin	<input type="checkbox"/> PHOSPHORUS
	<input type="checkbox"/> CALCIUM	<input type="checkbox"/> BLOOD GLUCOSE POST PRANDIAL	<input type="checkbox"/> BLOOD GROUP
	<input type="checkbox"/> ECG	<input type="checkbox"/> CBC	
32	STRESS CARE PROFILE		Y
	<input type="checkbox"/> CBC	<input type="checkbox"/> BILIRUBIN (TOTAL + DIRECT)	<input type="checkbox"/> SGPT
	<input type="checkbox"/> SGOT	<input type="checkbox"/> HbA1C - Glycosylated Haemoglobin	<input type="checkbox"/> TFT - THYROID FUNCTION TEST
	<input type="checkbox"/> URINE ROUTINE	<input type="checkbox"/> LIPID PROFILE	<input type="checkbox"/> WEIGHT
	<input type="checkbox"/> STRESS TEST / TMT	<input type="checkbox"/> 2D ECHO WITH CD	<input type="checkbox"/> VITAMIN B12 (CYANOCOBALAMINE)
	<input type="checkbox"/> BLOOD PRESSURE	<input type="checkbox"/> ECG	
33	WOMEN'S WELLNESS PACKAGE		Y
	<input type="checkbox"/> ECG	<input type="checkbox"/> ELECTROLYTES (NA,K,CL)	<input type="checkbox"/> RFT (MINI)
	<input type="checkbox"/> ESR	<input type="checkbox"/> PAP SMEAR (CERVICAL & VAGINAL CYTOLOGY)	<input type="checkbox"/> Mammography
	<input type="checkbox"/> Physician Consultation	<input type="checkbox"/> X RAY CHEST AP VIEW	<input type="checkbox"/> USG ABDOMEN AND PELVIS
	<input type="checkbox"/> HBsAg - AUSTRALIA ANTIGEN	<input type="checkbox"/> Gynecologist Consultation	<input type="checkbox"/> Dietician Consultation
	<input type="checkbox"/> LIPID PROFILE	<input type="checkbox"/> BLOOD GLUCOSE FASTING	<input type="checkbox"/> URINE ROUTINE
	<input type="checkbox"/> LFT - LIVER FUNCTION TEST	<input type="checkbox"/> TFT - THYROID FUNCTION TEST	<input type="checkbox"/> CA 125
	<input type="checkbox"/> HbA1C - Glycosylated Haemoglobin	<input type="checkbox"/> CALCIUM	<input type="checkbox"/> PHOSPHORUS
	<input type="checkbox"/> RA FACTOR (RHEUMATOID ARTHRITIS FACTOR)	<input type="checkbox"/> BLOOD GLUCOSE POST PRANDIAL	<input type="checkbox"/> BLOOD GROUP
	<input type="checkbox"/> CBC		
34	ZERO EXERCISE PROFILE		Y
	<input type="checkbox"/> CBC	<input type="checkbox"/> CORTISOL	<input type="checkbox"/> BLOOD UREA LEVEL
	<input type="checkbox"/> HbA1C - Glycosylated Haemoglobin	<input type="checkbox"/> CREATININE	<input type="checkbox"/> URINE ROUTINE

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	<input type="checkbox"/> LIPID PROFILE	<input type="checkbox"/> WEIGHT	<input type="checkbox"/> Vit.B12 + Vit. D3
	<input type="checkbox"/> BLOOD PRESSURE		