



PUSPANJALI

	TEST NAME
A	ALBUMIN
	ALDEHYDE (KALAZAR) TEST
	ALKALINE PHOSPHATE
	ABS. EOSINOPHIL COUNT.
	ABNORMAL CELL
	ALLERGE IGG,IGA,IGE
	AMH(ANTI MULLERIAN HORMONE)
	ANTI CCP ANTI BODY
	ANTI NUCLEAR FACTOR
	ASO TITRE
	ALPHA FETO PROTEIN
	AMYLASE

B	BILIRUBIN
	BT CT
	BLOOD GROUPING & Rh
	BT
	BUN
	BAND CELL

C	CALCIUM
	CHOLESTEROL
	CREATININE
	CA 125
	CA 19.9
	CEA(CARCINO EMBRYONIC ANTIGEN)
	CELL MORPHOLOGY
	CHLORIDE (Cl-)
	C-REACTIVE PROTEIN (CRP)
	COMPLETE HAEMOGRAM
	CONJ SWAB LEFT EYE C/S
	CONJ SWAB RIGHT EYE C/S
	CT



PUSPANJALI

<u>D</u>	DHEAS
	DC

<u>E</u>	Eosinophil count
	ESR

<u>F</u>	FERRITIN
	FOLIC ACID
	FREE TESTOSTERON
	FSH
	FSH & LH
	FT3
	FT3,FT4
	FT3,TSH
	FT4
	FT4,TSH
FT3 FT4 TSH	

<u>G</u>	G6PD
	GGT
	GLOBULIN
	GLYCOSYLATED HAEMOGLOBIN (HBA1C)

<u>H</u>	HDL CHOLESTEROL
	HB
	HB ELECTROPHORSIS
	HB TC DC
	HB TC DC ESR
	HBeAg
	HLA-B27
	HB ESR
	Hbs Ag (AUSTRALIA ANTIGEN)
	HCV
	HEPATITIS(E)
	HIV (1 + 2)



PUSPANJALI

I	IGE(ALERJEE)
	INSULIN (F)
	INSULIN PP
	IRON

L	LDL CHOLESTROL(F)
	LIPID PROFILE
	LIVER FUNCTION TEST (LFT)
	LH
	LIPASE

M	Malaria Parasite
	MCV
	MANTOUX TEST (1 : 1,000)
	MANTOUX TEST (1,10,000)
	MANTOUX TEST (10 TU)
MANTOUX TEST (5 TU)	

<u>O</u>	OESTROGEN
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<u>P</u>	PHOSPHOROUS (PO4)
	PCV
	PLATELET COUNT
	P.S.A
	P.VIVAX & FALCIPARUM ANTIGEN
	PERIPHERAL BLOOD SMEAR
	POTASSIUM (K+)
	PROGESTERONE
	PROLACTIN
	PROTEIN ELECTROPHORESIS
	PREG.CHECK
	PROTHROMBIN TIME
	PTH(PARA THYROID HORMONE)_
	PUS CULTURE



PUSPANJALI

R	RUBELLA IGG
	RBC COUNT
	RHEUMATOID FACTOR

S	SGOT
	SGPT
	SUGAR(F)
	SUGAR(F/PP)
	SUGAR(PP)
	SUGAR(R)
	SERUM ELECTROLYTES
SODIUM (Na)	

I	TRIGLYCERIDE
	TC
	TOTAL EOSINOPHIL COUNT
	T3 T4 TSH
	T3 TSH
	TESTOSTERON
	TIBC
	TORCH (TOTAL)
	T3
	T3 T4
	T4
	T4 TSH
	TC DC
	TC DC ESR
	THROAT SWAB CULTURE
	TOTAL PROTEIN
	TOXOPLASMA IGG
	TOXOPLASMA IGG/IGM
	TOXOPLASMA IGM
	TSH



PUSPANJALI

<u>U</u>	UREA
	URIC ACID
<u>V</u>	VLDL
	VALPORIC ACID
	VIT D LEVEL
	VITAMIN B-12
	VDRL
<u>W</u>	WIDAL
<u>URINE</u>	24 HOURS URINE FOR TOTAL PROTEIN
	URINE PROTINE 24 HOUS
	URINE (RE, BILE SALT/PIGMENT)
	URINE CULTURE
<u>STOOL</u>	STOOL CULTURE
	STOOL FOR OCCULT BLOOD
	STOOL(RE, pH AND REDUCING SUBSTANCE)
	STOOL RE
<u>SPUTUM</u>	SPUTUM FOR AFB
<u>SWAB</u>	CONJ SWAB BOTH EYE FOR C\S



PUSPANJALI

CT SCAN DEPARTMENT
TEST NAME
3D CT ANY SINGLE ORGAN
3D CT CERVICAL SPINE
3D CT DORSAL SPINE
3D CT LUMBO SACRAL SPINE
3D CT PELVIC
C T SCAN
C T SCAN OF RIGHT WRIST
CT SCAN OF ABDOMENE
CT SCAN OF ADRENAL GLAND
CT SCAN OF ANKLE JOINTS
CT SCAN OF ANKLE WITH FOOT
CT SCAN OF BRAIN
CT SCAN OF BRAIN & PNS
CT SCAN OF BRAIN AND CRANIAL
CT SCAN OF BRAIN WITH CELLA
CT SCAN OF BRAIN WITH ORBIT
CT SCAN OF BREAST
CT SCAN OF CERVICAL SPINE
CT SCAN OF CHEST
CT SCAN OF DORSAL LUMBER
CT SCAN OF DORSAL SPINE
CT SCAN OF FACE
CT SCAN OF FEMUR(LEFT)
CT SCAN OF FEMUR(RIGHT)
CT SCAN OF FOOT
CT SCAN OF HAND(LEFT/RIGHT)
CT SCAN OF HIP JOINTS
CT SCAN OF KIDNEY
CT SCAN OF KNEE JOINTS
CT SCAN OF KUB
CT SCAN OF L S SPINE
CT SCAN OF LARYNC
CT SCAN OF LEFT ELBOW
CT SCAN OF LEG
CT SCAN OF LOWER ABDOMEN



PUSPANJALI

CT SCAN DEPARTMENT
TEST NAME
CT SCAN OF MANDIBLE
CT SCAN OF MANDIBLE FACIAL REGION
CT SCAN OF MASTOID
CT SCAN OF NASO PHARYNS
CT SCAN OF NECK
CT SCAN OF ORBITS
CT SCAN OF OROPHARYNC
CT SCAN OF P.N.S
CT SCAN OF PELVIC
CT SCAN OF SCAPULA
CT SCAN OF SHOULDER JOINT
CT SCAN OF SI JOINT
CT SCAN OF TEMPORAL BONE
CT SCAN OF THIGH
CT SCAN OF THYROID GLAND
CT SCAN OF UPPER ABDOMEN
CT SCAN OF UROGRAPHY
CT SCAN OF WHOLE ABDOMEN
CT SCAN OF WRIST(LEFT/RIGHT)
HRCT OF ABDOMEN
HRCT TEMPORAL BONE MASTOID/EAR
HRCT THOREX
ORAL CONTRAST
CONTRAST FOR ALL
CONTRAST OF BRAIN
EXTRA PLATE FOR CT SCAN
EXTRA SLICE



PUSPANJALI

DENTAL DEPARTMENT
PROCESS CHARGES
2ND SETING SCALING
8 TH PFM CROWN
AKCRILICK
ALL CERAMIC (CROWN)
BLEACHING (HOME)
BLEACHING (OFFICE)
C D (GEN.)
CD (STAND)
CROWN FITTING
CROWN METAL
CROWN OMEGA
CROWN P F M
CURRETTAGE FOR 1TH
DENTAL CHECK UP
DENTAL FILLING
DENTAL SCALING
FAXIVAL DENCHAR
FILLING
GOLDEN CROWN
GRINDING OF ONE TEETH
GRINDING OF TWO TEETH
IMPRATION EXTRACTION
INLAY CERAMICK
INLAY METAL
IST SETING SCALING
LARGE FILLING
LAVA CROWN
M.L.CROWN
METAL POST
NIGHT GUARD
OPERCULECTOMY
ORTHODONTIC TREATMENT (REMOVABLE)
ORTHODOTIC TREATMENT (FIXED)
PERIODONTAL SURGERY



PUSPANJALI

DENTAL DEPARTMENT
PROCESS CHARGES
PERMANENT FILLING
POST
R P D (GENR.)
R P D (STAND)
R P D (UNBREAKABLE)
ROOT CANAL TREETMENT
SCALING AND POLISHING (COSMATIC SCALING)
SEMI SURGICAL
SURGERY TOOTH EXTRACTION
TEMPORARY CROWN
TEMPORARY FILLING
TOOTH EXTRACTION
UPPER DENTURE
ZIRCONIA CROWN



PUSPANJALI

ECHOCARDIOGRAPHY
TEST NAME
ECHO DOPPLER STUDY
ECHOCARDIOGRAPHY PLAIN

ELECTROCARDIOGRAM
TEST NAME
ECG
ECG(PM)

ENDOSCOPY
TEST NAME
ENDOSCOPY
ENDOSCOPY OF STOMECH +DUDENUM
ENDOSCPY
UPPER G I ENDOSCOPY

EYE DEPARTMENT
TEST NAME
EYE TESTING
GLASS CHANGE 1
GLASS CHANGE 2
GLASS CHANGE 3
GLASS CHANGE 4
SP
SPECTACLES (KIDS)
SPECTACLES (NORMAL)
SPECTACLES (SPECIAL 2)
SPECTACLES(SPECIAL)
SPECTS FRAME



PUSPANJALI

ULTRASONOGRAPHY
TEST NAME
DOPPLER OF BOTH ANKLE
DOPPLER OF LEFT ANKLE
DOPPLER OF LEFT LOWER LIMB
DOPPLER OF RIGHT ANKLE
DOPPLER OF UPPER LIMB
DOPPLER OF VENOUS SYSTEM OF LEGS
DOPPLER SCROTUM STUDY
DOPPLER STUDY OF RENAL ARTERIS
DOPPLER STUDY OF THE CAROTIDS
USG DOPLER OF BOTH LIMB
USG DOPPLER LIP
USG DOPPLER+ANOMALLY SCAN
USG FOETAL ANOMALLY SCAN
USG LOWER ABDOMEN TVS
USG OF RIGHT BREAST
USG OF ABDOMINAL WALL
USG OF BOTH BREAST
USG OF BOTH EYE
USG OF BOTH KNEE
USG OF BOTH SHOULDER
USG OF BOTH TESTIS
USG OF BOTH THIGH
USG OF BREAST
USG OF CHEST
USG OF FACE
USG OF FOETAL DOPPLER
USG OF FOETAL N T SCAN
USG OF FOETAL PROFILE
USG OF INGUINAL REGION
USG Of KUB
USG OF L S SPINE
USG OF LEFT ANKLE JOINT

ULTRASONOGRAPHY

TEST NAME

USG OF LEFT BREAST

USG OF LEFT EYE

USG OF LEFT FLANK

USG OF LEFT HEEL

USG OF LEFT KNEE

USG OF LEFT KNEE POWER DOPPLER

USG OF LEFT SHOULDER

USG OF LEFT THIGH

USG OF LEFT WRIST

USG OF LEG

USG OF LOWER (TVS)

USG OF LOWER ABDOMEN

USG OF NECK

USG OF PELVIC

USG OF PORTAL VENOUS SYSTEM DOPPLER

USG OF RENAL DOPPLER STUDY

USG OF RENEAL DOPPLER STUDY (BOTH)

USG OF RIGHT ANKLE JOINT

USG OF RIGHT BREAST

USG OF RIGHT ELBOW

USG OF RIGHT EYE

USG OF RIGHT KNEE

USG OF RIGHT SHOULDER

USG OF RIGHT THIGH

USG OF RIGHT WRIST

USG OF RT ANKLE

USG OF SCROTOM

USG OF SCROTUM DR STUDY

USG OF SWELLING

USG OF TESTIS

USG OF THYROID

USG OF UPPER ABDOMEN

USG OF WHOLE ABDOMEN



PUSPANJALI

X-RAY DEPARTMENT
TEST NAME
BARIUM MEAL FOLLOW THROUGH
BARIUM MEAL ILEO CAECAL REGION
BARIUM MEAL OESOPHAGUS (SWALLOW)
BARIUM MEAL STUDY OF STOMACH & DUODENUM
SOFT TISSUE OF BOTH BREAST
SOFT TISSUE OF SINGLE BREAST
X-RAY LEFT LITTLE FINGER OBLIQUE VIEW
X-RAY P.N.S (OM) VIEW
X-RAY P.N.S (OM) AND LATERAL VIEW
X-RAY RIGHT HAND AP/LAT
X-RAY ABDOMEN ERECT AND SUPINE VIEWS
X-RAY ABDOMEN ERECT VIEW
X-RAY ABDOMEN SUPINE VIEW
X-RAY ANKLE LAT IN STANDING
X-RAY BOTH ANKLE JOINT AP/LAT
X-RAY BOTH CALCANEUM AP/LAT
X-RAY BOTH CALCANEUM LATERAL VIEW
X-RAY BOTH FEET AP/LAT
X-RAY BOTH FEET AP/LAT/OBLI
X-RAY BOTH FEET AP/OBLI
X-RAY BOTH FEMUR AP/LAT
X-RAY BOTH HANDS AP VIEW
X-RAY BOTH HANDS AP/LAT
X-RAY BOTH HEEL AP/LAT
X-RAY BOTH HEELS LAT VIEW
X-RAY BOTH HIP AP & LEFT HIP LATERAL
X-RAY BOTH HIP AP VIEW
X-RAY BOTH HIP AP/LAT
X-RAY BOTH KNEE AP VIEW
X-RAY BOTH KNEE AP/LAT
X-RAY BOTH KNEES AP (STANDING)
X-RAY BOTH KNEES AP/LAT(STANDING)
X-RAY BOTH LEG AP/LAT
X-RAY BOTH MASTOIDS LAT/OBLIQUE VIEW
X-RAY BOTH S I JOINT -OBL.VIEW

X-RAY DEPARTMENT
TEST NAME
X-RAY BOTH S.I.JOINT AP VIEW
X-RAY BOTH SHOULDER AP/LAT
X-RAY BOTH TM JOINT OPEN/CLOSE MOUTH
X-RAY BOTH WRIST AP/LAT
X-RAY CERVICAL SPINE AP VIEW
X-RAY CERVICAL SPINE AP/LAT
X-RAY CERVICAL SPINE BOTH OBLIQUE VIEW
X-RAY CERVICAL SPINE EXTENSION/FLEXION
X-RAY CERVICAL SPINE LAT VIEW
X-RAY CHEST AP VIEW
X-RAY CHEST BOTH OBLIQUE VIEW
X-RAY CHEST LEFT LATERAL VIEW
X-RAY CHEST LEFT OBLIQUE VIEW
X-RAY CHEST LORDOTIC VIEW
X-RAY CHEST PA AND LEFT LATERAL VIEW
X-RAY CHEST PA AND RIGHT LATERAL VIEW
X-RAY CHEST PA VIEW
X-RAY CHEST RIGHT LATERAL VIEW
X-RAY CHEST RIGHT OBLIQUE VIEW
X-RAY CHEST RT & LEFT OBLIQUE VIEW
X-RAY COCCYX AP VIEW
X-RAY COCCYX AP/LAT VIEW
X-RAY COCCYX LATERAL VIEW
X-RAY D.L.SPINE AP VIEW
X-RAY D.L.SPINE AP/LAT
X-RAY DORSAL SPINE AP/LAT
X-RAY I.O.DDNTAL (2 PLATES)
X-RAY I.O.DENTAL (3 PLATES)
X-RAY I.O.DENTAL _____
X-RAY I.O.DENTAL _____ 4
X-RAY KNEE SKYLINE VIEW
X-RAY KUB
X-RAY KUB (ONE PLATE)
X-RAY L.S.SPINE (EXTENSION)
X-RAY L.S.SPINE (FLEXION)
X-RAY DEPARTMENT
TEST NAME
X-RAY L.S.SPINE AP/LAT
X-RAY L.S.SPINE AP/LAT\OBLIQUE
X-RAY L.S.SPINE BOTH OBLIQUE VIEW

X-RAY LEFT 2ND TOE AP/ LAT
X-RAY LEFT ANKLE AP/LAT
X-RAY LEFT ARM AP/LATERAL
X-RAY LEFT CALCANEUM OBLIQUE VIEW
X-RAY LEFT CALCANIUM AXIAL/LAT VIEW
X-RAY LEFT CLAVICLE AP VIEW
X-RAY LEFT ELBOW
X-RAY LEFT FEMUR AP/LAT
X-RAY LEFT FOOT AP/LAT
X-RAY LEFT FOOT AP/OBLI
X-RAY LEFT FOREARM AP/LAT
X-RAY LEFT HAND AP/LAT
X-RAY LEFT HEEL AP/LAT
X-RAY LEFT HIP & UPPER FEMUR AP/LAT VIEW
X-RAY LEFT HIP AP/LAT
X-RAY LEFT HIP LATERAL VIEW
X-RAY LEFT INDEX FINGER
X-RAY LEFT KNEE AP/LAT
X-RAY LEFT KNEE AP/LAT (STANDING)
X-RAY LEFT LEG AP/LAT
X-RAY LEFT MANDIBLE AP/LAT
X-RAY LEFT MANDIBLE OBLIQUE VIEW
X-RAY LEFT MIDDLE FINGER
X-RAY LEFT PALM AP/LAT
X-RAY LEFT SCAPULA AP/LATERAL
X-RAY LEFT SHOULDER AP VIEW
X-RAY LEFT SHOULDER AP/LAT
X-RAY LEFT THIGH AP/LAT
X-RAY LEFT THUMB AP/LATERAL
X-RAY LEFT WRIST AP/LAT
X-RAY LUMBAR SPINE AP
X-RAY LUMBAR SPINE AP/LAT

X-RAY DEPARTMENT	
TEST NAME	
X-RAY LUMBAR SPINE AP/LAT/OBQ	
X-RAY LUMBAR SPINE LAT	
X-RAY MANDIBLE AP/LAT OBLI VIEW	
X-RAY MANDIBLE LAT VIEW	
X-RAY MASTOIDS LAT OBLIQUE VIEW	
X-RAY MIDDLE FINGER AP/LAT	
X-RAY NASAL BONE LATERAL VIEW	

X-RAY NASOPHARYNX LATERAL VIEW
X-RAY NASOPHEYX (AP/LAT)
X-RAY NECK AP VIEW
X-RAY NECK AP/LAT
X-RAY NOSAL BONES AP\LAT
X-RAY OF NESOPHARYNX LAT VIEW
X-RAY ONE SIDE TM JOINT OPEN/CLOSE MOUTH
X-RAY OPTIMA FORAMINA BOTH EYE
X-RAY ORBIT AP VIEW
X-RAY ORBIT AP/LAT
X-RAY ORBIT LAT VIEW
X-RAY PELVIS AP/LATERAL VIEW
X-RAY PELVIS AP/OBLIQUE
X-RAY PELVIS WITH BOTH HIP AP VIEW
X-RAY RIGHT ANKLE AP/LAT
X-RAY RIGHT ANKLE OBLIQUE
X-RAY RIGHT ARM AP/LAT
X-RAY RIGHT CALCANIUM AP/LAT.
X-RAY RIGHT CLAVICAL AP/LAT
X-RAY RIGHT ELBOW AP/LAT
X-RAY RIGHT FEMUR AP/LAT
X-RAY RIGHT FOOT AP/LAT
X-RAY RIGHT FOOT AP/OBLI
X-RAY RIGHT FOREARM AP/LAT
X-RAY RIGHT GREAT TOE
X-RAY RIGHT HAND AP/LAT
X-RAY RIGHT HEEL AP/LATERAL

X-RAY DEPARTMENT
TEST NAME
X-RAY RIGHT HIP AP/LAT
X-RAY RIGHT HIP LAT VIEW
X-RAY RIGHT HUMARS AP/LAT
X-RAY RIGHT KNEE AP/LAT
X-RAY RIGHT KNEE AP/LAT(STANDING)
X-RAY RIGHT LEG AP/LAT
X-RAY RIGHT PALM
X-RAY RIGHT SHOULDER AP VIEW
X-RAY RIGHT SHOULDER AP/LAT
X-RAY RIGHT THIGH AP/LAT
X-RAY RIGHT THUMB AP/LAT
X-RAY RIGHT TOE AP/LAT

X-RAY RIGHT WRIST AP/LAT
X-RAY S.I.JOINT BOTH OBLIQUE VIEW
X-RAY SACROILIAC JOINT AP/OBL
X-RAY SCAPULA AP VIEW
X-RAY SHOULDER JOINT AXILLARY VIEW
X-RAY SKULL AP VIEW
X-RAY SKULL AP/LAT
X-RAY SKULL LATERAL VIEW
X-RAY SOFT TISSUE NECK AP/LAT
X-RAY SOFT TISSUE NECK LATERAL VIEW
X-RAY STERNUM LAT VIEW
X-RAY TIBIA/FIBULA AP/LAT
X-RAY WHOLE SPINE
X-RAY WRIST WITH SCAPHOID