

Unique Identifier

Serum
Double Marker

11605561

Patient Details

First Name: Jyoti Last Name: yadav

Age: 33 Gender: Male Female

Address: _____ Contact No. _____

E-mail ID: _____

Referred by: _____ Contact No. _____

For Maternal Screening-Date of Birth: 02 09 1989

Weight: 66 kg. Height: 5 ft 3 inches, LMP 16/2 2022

(Please refer to the Directory of Services for correct name and specimen type)

1. Double Marker
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Billing Information _____

D K M DIAGNOSTIC CENTRE

LATA CIRCLE, KALWAR ROAD, JHOTWARA, JAIPUR- 302012
 Ph- 0141-2341367 8742077008 8742077008 dkm.reports@gmail.com



An NABL Accredited Centre
 ISO 15189 : 2012

Ph- 2341367, 8742077008, 8440077003, 8440077004

Booking Date	16/05/2022	RECEIPT Booking Time	12:07:21
Patient Name	Mrs. JYOTI YADAV	Patient Id No	10223504
Email		Gender / Age	Female 33 Yrs 14 Days
Doctor Name	Dr. SEEMA MEHTA 9414043710	Patient Mob.	9460719482

Received with thanks a sum of Rs. [scribble] from Mrs. JYOTI YADAV By : Cash on a/c of :

Sr.	Investigations
1	DOUBLE MARKER & NT

Charge (Rs.)

Total Amount	Rs. [scribble]
Discount	Rs. [scribble]
Net	Rs. [scribble]
Received	Rs. [scribble]
Refund	Rs. 0
Balance	Rs. 0

Height - 5'3
 Weight - 66
 LMP - 16/2/22
 DoB - 2/5/1989
 mob - 9460719482

Pat.Id/ Pass : 10223504 / 1B9D4720
 Download Report : <http://150.107.190.34/LabmateDownload/PatientLogin.aspx>

Regd. By RECP1

भारत सरकार
Government of India

ज्योति यादव
Jyoti Yadav
जन्म तिथि/DOB: 02/05/1989
महिला/ FEMALE



6737 8723 8974

मेरा आधार, मेरी पहचान

6737 8723 8974

Address:
W/O Mahesh Yadav, B-6, MEHANDI W/O, Amber, Jaipur,
Rajasthan - 302028

पता:
अम्बर, जयपुर,
राजस्थान - 302028

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

MAHILA CHIKITSALAYA, SANGANERI GATE,
DEPARTMENT OF RADIO-DIAGNOSIS

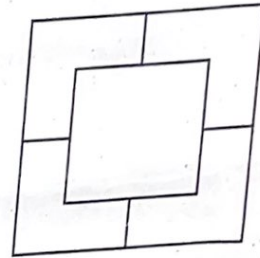
M.S. (Gynaec & Obst.) F
Senior Professor
Mahila Chik
SMS

Name Jyoti Age _____ Date _____
Period of Gestation _____

SONOGRAPHY-REPORT

Single/..... Foetus Seen.
Cephalic / Breech / transverse..... Presentation
Placenta post..... Wall..... Segment Gr..... Maturity.

AFI :



Amniotic Fluid is less/Adequate/Excess

FHP + FM f
CRL 42 mm 11 Weeks
GS _____ mm _____ Weeks
BPD _____ mm _____ Weeks
FL _____ mm _____ Weeks
AC _____ mm _____ Weeks
HC _____ mm _____ Weeks
EFW _____ mm _____ Weeks

Foetal Abnormality

slt of 11 week

[Signature]
Radiologist

ANERI GATE, J
O-DIAGNOSIS

Senior Professor
Mahila Chikitsalaya &
SMS Medical College, Jaipur
RMC Reg. No. 11224

Resi. : 16, Ganesh Colony,
J.L.N. Marg, Opp. Soni Hospital
Jaipur-302004
Ph.: 0141-2620710
Mobile : 09414043710
E-mail : s.smehta@hotmail.com

Reg. No.

Date 6/1

Consultation Timings : 6.00 - 7.30 pm (Monday to Friday)
Please take prior appointment for consultation

LMP 16.2.22
EDD 23.11.22 2/5/22

Amens 2/2. Jyoti
34yr
A2.
127ND-Flh.
6yr

- ABO/Rh
- CBC
- Blood Sugar
- Blood Urea
- Urine Alb
- S. VDRL Sug.
- HBsAg Ist
- HIV IInd
- S. Electrolytes
- LFT
- RFT
- SGPT, SGOT
- S.TSH
- S. Prolactin
- Tetvac
- T-Dap (34 wks)
- Influenza Vaccine

B.P. 124/80
wt. 68.

Se-
-Tab Folpe
10
-Tab Suxel
15 days
Q

USG for FUB
NT Scan

g/Mel:
- Double Marker
- Test
g/Mel.

2/5/22