



## PACKAGE 10 (\$1000 nett)

- Complete Medical Examination
  - Personal/ Family Medical History
  - Height/ Weight/ Body Mass Index
  - Blood Pressure and Heart Rate Assessment
  - Vision Acuity & Color Vision
  - 12 Lead Electrocardiogram
  - Medical Report
  - Medical Review by Doctor
  - Blood test
1. **Hematology:** Full Blood Count, PBF, ESR
  2. **Lipid/ Cardiac Risk Profile:** Total Cholesterol, Cholesterol HDL, Cholesterol LDL, Cholesterol Total/ HDL Ratio, Creatine Kinase (CK) and Triglycerides
  3. **Diabetic Panel:** Glucose (Fasting) & HBA1C
  4. **Kidney Function Test:** Urea, Creatinine, Sodium, Potassium, Chloride, Bicarbonate, eGFR
  5. **Bone/ Joint Profile:** Uric Acid
  6. **Liver function Test:** Total Bilirubin, Protein, ALT/SGPT, AST/SGOT, Alkaline Phosphatase, GGT
  7. **Venereal Disease Screening:** VD Screen (Syphilis TP AB Screen), VDRL(RPR) & TPHA (if Syphilis TP Ab positive)
  8. **Urine analysis (Urine FEME)**
- **Choose any 3 of the following tests:**

<input type="checkbox"/> Chest X-Ray	<input type="checkbox"/> HIV antibody	<input type="checkbox"/> Stool Occult Blood (Immunology)
<input type="checkbox"/> Helicobacter Pylori Antibody		<input type="checkbox"/> AFP (Cancer Marker for Liver)
<input type="checkbox"/> CEA (Cancer Marker for Colon)		<input type="checkbox"/> CA125 (Cancer Marker for Ovary)
<input type="checkbox"/> CA 15.3 (Cancer Marker for Breast)		<input type="checkbox"/> CA 19.9 (Cancer Marker for Pancreas)
<input type="checkbox"/> Beta HCG (Cancer Marker for Germ cell tumor)	<input type="checkbox"/> PSA Total (Cancer Marker for Prostate)	
<input type="checkbox"/> EBV ECA + EBV EA + IgA (Cancer Marker for Nose)		
  - **Choose 1 of the following tests:**

<input type="checkbox"/> US Abdomen (Liver, Gallbladder, Kidneys, Spleen and Pancreas)			
<input type="checkbox"/> US Thyroid	<input type="checkbox"/> US Prostate	<input type="checkbox"/> US Breast	<input type="checkbox"/> 2D Mammogram
<input type="checkbox"/> 3D Mammogram	<input type="checkbox"/> US Pancreas	<input type="checkbox"/> US Hepatobiliary	
<input type="checkbox"/> US KUB (kidneys, Ureter & Bladder)	<input type="checkbox"/> US Gallbladder		
<input type="checkbox"/> US Liver	<input type="checkbox"/> BMD Scan – Bone Mineral Densitometry Scan (AP Spine & Hip)		
<input type="checkbox"/> BCA Scan – Body Composition Analysis Scan	<input type="checkbox"/> CT Cardiac Calcium Score		
<input type="checkbox"/> MRI Liver Fat Quantification	<input type="checkbox"/> Echocardiogram		
  - **Choose 1 of the following tests:**

<input type="checkbox"/> MRI Cervical Spine	<input type="checkbox"/> MRI Lumbar Spine	<input type="checkbox"/> MRI Thoracic Spine
<input type="checkbox"/> MRI Knee	<input type="checkbox"/> MRI Hip	<input type="checkbox"/> MRI Ankle
<input type="checkbox"/> MRI Foot	<input type="checkbox"/> MRI Elbow	<input type="checkbox"/> MRI Wrist
<input type="checkbox"/> MRI Brain	<input type="checkbox"/> MRI Shoulder	<input type="checkbox"/> MRI Headache Screen Scan