MEDICENTRE

SONOGRAPHY AND CLINICAL LAB

Patient Information From

नाम/NAME : .....

पिता/पति का नाम: .....

उम्र/AGE: .....

जन्म तिथि/DOB : .....

लिंग/SEX : .....

पता/ADDRESS:

.....

.....

TELEPHONE : .....

ई-मेल/E-MAIL : .....

OUR SERVICES

: MRI : CT SCAN : SONOGRAPHY : X-RAY : DEXA

:PATHOLOGY LAB : NEURO LAB:

BRANCHES

GOKUL-1 NEAR COURT CIRCLE UDAIPUR

SHREENATH PLAZA OPPSOTE MB HOSPITAL UDAIPUR

OPPSITE SATELLITE HOSPITAL SECTOR-6 UDAIPUR

RIDHI-SIDHI COMPLEX NEAR COURT CIRLCE SECTOR -14 UDAIPUR

BANSWARA

DUNGARPUR

WWW.MEDICENTRE.CO.IN

Call Us +91-76650-00234