



Membership Application Form



HEALTH CONNECT MEMBERSHIP APPLICATION

1. APPLICANT INFORMATION

Clinic Name:		
Clinic Registration No.	Clinic Code:	Clinic Phone:
Clinic Current address:		
City:	Area or Region:	Clinic Email:
Clinic Registered Type <i>(Please circle)</i>	Clinic Status	Clinic Primary Contact <i>(Please indicate Below)</i>
Clinic <input type="checkbox"/> Lab <input type="checkbox"/>	Private <input type="checkbox"/> Government <input type="checkbox"/> NGO <input type="checkbox"/>	
Co-Ordination Clinic <input type="checkbox"/>		
Please Indicate if Clinic is registered with any regulatory or Governing instiution (eg. Medical Council etc)		

2. CLINIC OWNER INFORMATION

Name of Owner:		
Clinic Owner address:	Area or Region	
Clinic Owner Phone:	Clinic Owner E-mail:	Postal Address
City:	Nationality:	License or Registered Code:
Are you medical personnel? If yes please indicate		

3. OPERATIONAL INFORMATION

Operational Hours opened to the Public

Day	Time
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Do you have a regular Electricity Supply? Yes or No. If Not indicate alternative

Do you have a computer device? Yes or No if Yes Please Tick Device (PC, Laptop, Tablet or Smart Mobile)

Are the devices in proper working order? Yes or No

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4. OPERATIONAL INFORMATION - SERVICES

Please indicate the type (s) of services you are offering to the public:

Consultation Ultrasonography X-Ray Pathology Bone Densitometry CT SCAN MRI
Mammography

Please tick the applicable services your institution is offering

ULTRASONOGRAPHY

- USG - UPPER ABDOMEN
- USG TRANS RECTAL
- USG CHEST
- USG NECK 2

- USG - ABDOMEN & PELVIS
- VENOUS COLOUR DOPPLER STUDY FOR LOWER LIMB
- COLOUR DOPPLER - PENILE
- VENOUS COLOUR DOPPLER STUDY FOR BOTH LOWER LIMBS
- COLOUR DOPPLER - CAROTID STUDY
- COLOUR DOPPLER OF FOETALPLACENTAL CIRCULATION
- COLOUR DOPPLER OF ARTERIAL
- USG PELVIS
- USG THYROID
- USG FOLLICULAR STUDY
- USG TRANS VAGINAL SONOGRAPHY
- USG SCROTUM
- COLOUR DOPPLER OF BOTH LOWER LIMB ARTERIAL SYSTEM
- USG ORBIT
- TWINS ANOMALY SCAN
- TWINS DOPPLER

- TWINS PREGNANCY
- DOPPLER LOWER LIMB ART & VEN (BOTH LIMBS)
- USG DOPPLER RENAL
- USG SHOULDER

- SONOMAMMO 1 BREAST
- USG CRANIAL
- USG-OVULATION EXTRA SITTING
- FETAL ECHO
- COLOUR DOPPLER - BOTH UPPER LIMBS ARTERIES

- COLOUR DOPPLER OF UPPER LIMB
- DOPPLER STUDY OF PAROTID GLAND

- SONOGRAPHY (FWB)
- SUPERFICIAL SWELLING-SONO

- USG GUIDED ASPIRATION
- ABDOMEN WITH FOETUS
- SONO-MAMMOGRAPHY
- SONO-ABD WITH TVS
- USG GUIDED DIAGNOSTIC TAP / FNAC
- USG GUIDED DRAINAGE / PROCEDURE
- USG GUIDED PROCEDURE

- USG GUIDED TH. ASPIRATION
- LOWER LIMB VASCULAR DOPPLER
- USG ABDOMEN AND SCROTUM
- USG-PERIANAL
- USG-FWB FOR NT

Any other please Specify

HEALTH CONNECT MEMBERSHIP APPLICATION

X-RAY

- MASTOID (BOTH LATERAL) XRAY
- X-RAY MANDIBLE

- X-RAY DORSAL SPINE - LATERAL
- X-RAY DORSAL SPINE AP
- X-RAY SACRO COCCYX SPINE - AP & LAT
- X-RAY CERVICAL SPINE - LAT
- X-RAY CERVICAL SPINE - AP
- X-RAY SHOULDER AP
- X-RAY L S SPINE - LAT
- X-RAY SKULL - AP & LAT
- X-RAY KUB
- X-RAY COCCYX - LATERAL
- X-RAY COCCYX - AP
- X-RAY DORSAL LUMBAR SPINE
- X-RAY SHOULDER AP/LAT
- X-RAY KNEE JOINT
- X-RAY HSG (HYSTEROSALPINGOGRAPHY)
- ROUTINE X-RAY
- X-RAY MCU (MICTURITING CYSTO-URETHROGRAM)
- X-RAY BARIUM MEAL FOLLOW THROUGH (SMALL BOWEL)
- X-RAY BARIUM MEAL STOMACH DUODENUM
- X-RAY BOTH HEELS (LATERAL)
- X-RAY NASOPHARYNX LATERAL VIEW FOR ADENOIDS
- X-RAY CLAVICLE (AP)
- X-RAY FOOT (AP/LATERAL)
- X-RAY FINGER (AP/LATERAL)
- X-RAY HAND (AP/ LATERAL)
- X-RAY FEMUR (AP / LATERAL)
- X-RAY SKULL - LAT
- X-RAY SKULL - AP
- X-RAY CHEST LATERAL
- X-RAY CHEST - PA
- X-RAY ABDOMEN - SUPINE AP
- X-RAY HEELS (AXI/LATERAL)
- X-RAY HIP JOINT LATERAL
- X-RAY FOREARM (AP/LATERAL)
- X-RAY CERVICAL SPINE- AP & LAT
- X-RAY BOTH PATELLA – SKYLINE

- ABDOMEN STANDING
- X-RAY BOTH ANKLE - AP & LAT
- ANKLE AP/LAT
- X-RAY BOTH HAND WITH WRIST - AP & LAT

- X-RAY BARIUM ENEMA
- STYLOID VIEW
- T M JOINT X-RAY
- X-RAY BOTH FOOT - AP & LAT
- BOTH HAND AP
- X-RAY BOTH KNEE STANDING -AP
- BOTH TM JOINTS (OPEN & CLOSED MOUTH)
- X-RAY CALCANEUM AXIAL/LAT
-
- CHEST (PA & LAT)
- X-RAY CHEST - LORDOTIC
- COLOGRAM
- X-RAY DORSAL SPINE - AP & LAT
- ELBOW (AP / LAT)
- ELBOW AP/LAT (BOTH) X-RAY

- X-RAY FISTULOGRAM

- HIP JOINT AP
- HIP JOINT AP / LAT
- X-RAY L S SPINE - AP

- L S SPINE AP-LAT
- NASAL BONE BOTH LAT
- X-RAY NECK LAT
- PELVIMETRY
- PNS (WATERS)
- SCAPHOID AP/LAT/OBLIQUES
- X-RAY SINOGRAM
- WRIST AP/LAT
- X-RAY BOTH HEELS AP & LAT
- BOTH SHOULDER AP -XRAY
- HAND AP X-RAY
- MANDIBLE AP X-RAY
- MAXILLA AP & LAT X-RAY
- X-RAY ORBITS - AP & LAT
- STYLOID VIEW

- T M JOINT X-RAY

HEALTH CONNECT MEMBERSHIP APPLICATION

- X-RAY ORBITS - AP
- X-RAY PELVIS - AP & LAT
- THIGH AP/LAT X-RAY
- BOTH KNEE JOINT A.P./LATERAL-XRAY
- X-RAY BOTH S.I.JOINTS
- X-RAY CALCANEUM-LATERAL
- X-RAY DORSO LUMBAR SPINE - AP & LAT
- X-RAY DORSOLUMBAR SPINE - LATERAL
- X-RAY LEG A.P./LATERAL
- RIBS AP
- X-RAY CHOLANGIOGRAM
- PELVIS X-RAY AP VIEW
- MAXILLA PA VIEW
- XR KNEE-SKYLINE VIEW
- X-RAY
- OPG

Any other Please Specify

HEALTH CONNECT MEMBERSHIP APPLICATION

PATHOLOGY

- 24 HRS URINE ANALYSIS
- 24 HRS URINE MICROALBUMINURIA
- A/G RATIO
- ABSOLUTE EOSINOPHIL COUNT
- ABSOLUTE NEUTROPHIL COUNT
- ADENOSINE DEAMINASE (ADA)
- AFB SMEAR
- AFB SMEAR PUS
- ALBUMIN SERUM

- ALKALINE PHOSPHATASE
- AMMONIA
- AMPHETAMINE (URINE) (DRUG OF ABUSE)
- AMYLASE, SERUM
- ANTE-NATAL PROFILE
- APTT
- ARTERIAL BLOOD GASES
- ASO TITER
- ASPIRATION OF ASCITIC / PLEURAL FLUID
- BENICE JONES, URINE
- BETA-2 MICROGLOBULIN (SERUM)
- BILIRUBIN
- BLEEDING TIME & CLOTTING TIME
- BLOOD CULTURE
- BLOOD GLUCOSE (F&PP)
- BLOOD GLUCOSE FASTING
- BLOOD GLUCOSE PG (75 GMS OF GLUCOSE)
- BLOOD GLUCOSE POST PRANDIAL
- BLOOD GLUCOSE RANDOM
- BLOOD GROUP & RH (D) FACTOR
- BLOOD UREA
- BLOOD UREA NITROGEN
- BONE MARROW STUDY
- CALCIUM
- CALCIUM, IONIZED
- COMPLETE BLOOD COUNT
-
- GAMMA GLUTAMYL TRANSFERASE (GGT)
- GLOBULIN
- GLUCOSE TOLERANCE TEST

-
-
-
-

- CARDIAC INJURY PROFILE
- CARDIAC PROFILE
- CBC WITH INDICES (HAEMOGRAM)
- CHLORIDE
- CHOL: HDL CHOL RATIO
- CLOT RETRACTION TIME (CRT)

- COAGULATION PROFILE

HEALTH CONNECT MEMBERSHIP APPLICATION

PATHALOGY CONTD

- CREATINE KINASE - MB (CK-MB), SERUM
- CREATINE KINASE (CPK), SERUM
- CREATININE
- CSF EXAMINATION
- DENGUE (QUALITATIVE)
- DENGUE ANTIGEN (NS 1)
- DIABETES CHECK UP
- DIABETES PROFILE (MAXI)
- DIABETIC PROFILE
- DIFFERENTIAL COUNT
- E.S.R.
- FEVER PROFILE (MAXI)
- FEVER PROFILE (MINI)
- FINE NEEDLE ASPIRATION CYTOLOGY TEST (FNAC)
- FLUID PROTEIN
- FNAC PROCEDURE
- FUNGAL SMEAR - KOH
- G6PD (QUALITATIVE)
- GAMMA GLUTAMYL TRANSFERASE (GGT)
- GLOBULIN
- GLUCOSE TOLERANCE TEST
- GLUCOSE TOLERANCE TEST (GTT-2)
- GLYCOSYLATED HB (HBA1C)
- GTT - F, 1, 2, 3 HRS (100 GMS GLUCOSE - PREGNANCY)
- GTT (100 GMS GLUCOSE)
- GTT (50 GMS GLUCOSE)
- GUIDED FNAC
- HAEMOGLOBIN
- HB D.C.T.L.C
- HBSAG
- PUS CULTURE
- RAPID MALARIA TEST FOR PLASMODIUM LDH
- RENAL PROFILE
- RETICULOCYTE COUNT
- RHEUMATOID FACTOR
- SEMEN ANALYSIS
- SEMEN CULTURE
- SEMEN FRUCTOSE, SEMEN
- SERUM ELECTROLYTES
- HCV TOTAL
- HDL CHOLESTEROL
- HISTOPATHOLOGY - SMALL
- HISTOPATHOLOGY- LARGE
- HISTOPATHOLOGY- MEDIUM
- HIV
- HYPERTENSION PROFILE/CARDIAC PROFILE
- LDH FLUID
- LDL CHOLESTEROL
- LDL CHOLESTEROL (DIRECT)
- LDL:HDL RATIO
- LIPID PROFILE
- LIVER FUNCTION TEST (HEPATIC PROFILE)
- MANTOUX TEST
- MP(QBC)
- OBESITY PROFILE
- OCCULT BLOOD (STOOL)
- PACER 26
- PAP SMEAR
- PARTIAL THROMBOPLASTIN TIME
- PCV
- PERIPHERAL BLOOD SMEAR (HB/TLC/DC)
- PHOSPHORUS
- PLATELET COUNT, EDTA WHOLE BLOOD
- PLEURAL FLUID - ADA
- PLEURAL FLUID - PROTEIN
- POTASSIUM
- PREGNANCY TEST
- PRE-OPERATIVE PROFILE
- PROTEINS
- PROTEIN-SPOT/24 HRS. URINE
- PROTHROMBIN TIME
- PT INR (INR RATIO)

HEALTH CONNECT MEMBERSHIP APPLICATION

PATHALOGY CONTD

- SGOT (AST)
- SGPT (ALT)
- SMA - 12
- SMA - 12 + 2
- SODIUM
- SPUTUM FOR CULTURE
- SPUTUM GRAM STAIN
- SPUTUM ROUTINE (GRAM STAIN+Z N STAIN)
- STONE ANALYSIS (CALCULI)
- STOOL ANALYSIS
- STOOL FOR CULTURE
- STOOL FOR OCCULT BLOOD
- STOOL ROUTINE
- STOOL ROUTINE & PH
- SWAB CULTURE
- TLC/DLC (5 PART)
- TOTAL BODY PROFILE
- TOTAL CHOLESTEROL
- TOTAL LEUCOCYTE COUNT (TLC)
- TRIGLYCERIDE
- TROPONIN T,
- TYPHI DOT (IGG & IGM)
- URIC ACID
- URINE COTININE
- URINE CULTURE
- URINE FOR BILE PIGMENT
- URINE FOR BILE PIGMENTS & SALTS
- URINE FOR BILE SALT
- URINE KETONE
- URINE ROUTINE
- URINE UROBILINOGEN
- VDRL, SERUM
- VLDL CHOLESTEROL
- WIDAL TEST – TUBE METHOD
- WIDAL TEST, SERUM
- ZN STAINING

Any other Please Specify

CONSULTATION

- Family Physician Consultation
- Family Physician Consultation Follow Up
- Pediatric Consultation
- Pediatric Consultation Follow Up
- Dental Consultation
- Dental Consultation Follow Up
- Neurology Consultation
- Neurology Consultation Follow Up
- Cardiology Consultation
- Cardiology Consultation Follow up
- Chest Physician Consultation
- Chest Physician Consultation Follow up
- Ophthalmology Consultation
- Ophthalmology Consultation Follow Up
- Orthopedic Consultation

HEALTH CONNECT MEMBERSHIP APPLICATION

CONSULTATION CONTINUES

- Orthopedic Consultation Follow Up
- Physiotherapy Consultation
- Physiotherapy Consultation Follow Up
- Urology Consultation
- Urology Consultation Follow Up
- Gastroenterology Consultation
- Gastroenterology Consultation Follow Up
- Diet Consultation
- Diet Consultation Follow Up
- ENT Consultation
- ENT Follow Up
- ENT Syringing
- Gynaecology Consultation
- Gynaecology Consultation Follow Up
- General Physician Consultation
- General Physician Consultation Follow Up
- Dermatology Consultation
- Dermatology Consultation Follow Up
- Surgical Consultation

Any other please Specify

HEALTH CONNECT MEMBERSHIP APPLICATION

CT SCAN

- 3DCT
- Abdomen & Pelvis
- Abdomen (Do Not Use)
- Anesthesia Charges (CRH)
- Anesthesia Charges (JRH)
- Anesthesia Charges (PNH)
- Angio Limb Vessels
- Angio Lower Limb
- Aorta Angio
- Biopsy Gun Charges
- Both Ankles
- Both Extrimity
- Brain
- Brain - Limited
- Bronchoscopy
- Cardiac
- Cardiac and Pediatric
- Cardiac Calcium Scoring
- Catheter Drainages
- Cerebral Angio
- Chest
- Cisternography
- Colonoscopy, Virtual Endoscopy
- CT Angio
- CT Arthrogram
- CT Enteroclysis
- CT Extremity - Shoulder - Bone Loss
- CT Face
- CT Future Liver Remnant
- CT Guided Aspiration
- CT Guided Block - Epidural
- CT Guided Block - Facet Joint
- CT Guided Block - Foraminal
- CT Guided Lumbar Sympathectomy
- CT Guided Nerve Block
- CT Kub
- CT Pelvimetry (Do Not Use)
- CT Pulmonary Angio
- CT Scanogram
- CT Urography - IVU
- CT Venogram
- Dental - Mandible
- Dental - Mandible and Maxilla
- Dental - Maxilla
- Emergency Charges
- Extremity Both Hips
- Extremity.
- Full Abdomen (Do Not Use)
- Guided Aspiration - Dr. Devang Desai
- Guided Core Biopsy - Dr. Bhavin Jankharia
- Guided Core Biopsy - Dr. Devang Desai
- Guided Core Biopsy - TATA - Dr. Bhavin Jankharia
- Guided Core Biopsy - TATA - Dr. Devang Desai
- Guided Core Biopsy (JRH)
- Guided Core Biopsy
- Guided FNAC
- Guided Lumbar Sympathectomy
- Guided Pig and Tail
- Head & Neck
- Head & Orbit (Do Not Use)
- Head (Do Not Use)
- Limited Scan For Biopsy
- Lungs - HRCT
- Myelography
- Neck (Do Not Use)
- Non Ionic Contrast (Do Not Use)
- Obesity Trial - SBM/14/07 Protocol
- Orbits
- Pelvis - for Bones
- Pelvis - for Soft Tissue
- Peripheral Angio
- Pigtaill Catheter
- PNS - HRCT
- R F Ablation
- RT Planning (Do Not Use)
- S I Joints (Do Not Use)
- Spine
- Spine - Cervical
- Spine - Dorsal
- Spine - Lumbar

HEALTH CONNECT MEMBERSHIP APPLICATION

CT SCAN CONTD

- Temporal Bone
- Thorax
- TM Jt
- Upper Abdomen
- Virtual Brochoscopy
- Virtual Colonoscopy
- Cardiac PET/CT
- Brain PET CT Scan
- Whole Body PET CT

Any other please specify

BONE DENSITOMETRY

- DXA
- DXA - Hip
- DXA - Hip & L Spine
- DXA - L Spine
- Whole Body DXA

MAMMOGRAPHY

- Digital Mammography
- Mammo Guided Hook-wire loc
- MAMMOGRAPHY
- MAMMOGRAPHY - DUCTOGRAM
- Mammography - Unilateral
- Second Opinion

Any other specify

HEALTH CONNECT MEMBERSHIP APPLICATION

MRI

- Abdomen
- Anesthesia Charges
- Ankle
- Arm
- Both Foot
- Both Knee
- Both Leg
- Both Shoulders
- Both Wrist
- Brachial Plexus or Thorax Inlet
- Brain - Epilepsy Protocol
- Brain - MS Protocol
- Brain - Screening
- Brain - Spectroscopy
- Breast
- C - Spine Dynamic MRI
- Cardiac - Coronaries
- Cardiac - Stress Perfusion
- Cardiac - Stress Perfusion Exercise Induced
- Cardiac and Thalassemia and Iron Loading Assessment
- Cardiac - Viability Imaging
- Carotid Plaque Morphology
- Contrast Only
- Elbow
- Femur
- Ferri Scan
- Fetal MRI
- Foot
- Forearm
- Functional MR
- Hand
- Head
- Hip
- Knee
- Knee Patella Tracking - MRI
- L - Spine Stress MRI
- Leg
- MR Angio
- MR Arthrogram
- MR Body Angio
- MR Enteroclysis
- MR Extended Study
- MR Finger
- MR Fistulogram
- MR Myelography
- MR Urography
- MR Venogram
- MR Venography both upper limb - both lower limb
- MRCP
- MRI - MARS Protocol
- MRI - MARS Protocol.
- MRI MARS B-L J & J
- MRI Pelvis - HIFU Screening
- MRI Tractograms
- MRI Whole Body Stir
- Myositis Protocol
- Neck
- Obstetric MRI
- Orbit
- Pelvis
- Renal Angio
- S I Joints
- S I Joints Limited
- Screening
- Screening Whole Spine
- Screening.
- Shoulder
- Spine - Cervico-Dorsal
- Spine - CVJ
- Spine - Dorso-Lumbar
- Spine - MS Protocol
- Spine - Screening
- Thigh
- Thumb
- Tumor Protocol
- Tumor Protocol with DTI
- Wrist

AAAAAAA

HEALTH CONNECT MEMBERSHIP APPLICATION

CLINIC PERSONEL INFORMATION – MEDICAL OFFICERS

Please add personnel in the spaces below

Name	Designation/Functions	Email/Contact Number
1.		
2.		
3.		
4.		
5.		
6.		

CLINIC PERSONEL INFORMATION – NON MEDICAL OFFICERS

Please add personnel in the spaces below

Name	Designation/Function	Email/Contac Number

CLINIC FACILITY INFORMATION

Do you have an admission facility? Yes or No if Yes Please Indicate below

Unit/Section	No. of Beds	Remarks

Thank you for the patience in completing this form