

YASH DIAGNOSTIC



Dr. Samit R. Shah
M.D.
(M) 9879338753

Dr. Hitansh S. Shah
M.D., D.M.R.E.
(M) 9313847408

1.5T MRI



64 Slice CT Scan



Patient Name : _____ Age/Sex : _____

Registration No. : _____ Date : _____

Doctor's Name : _____

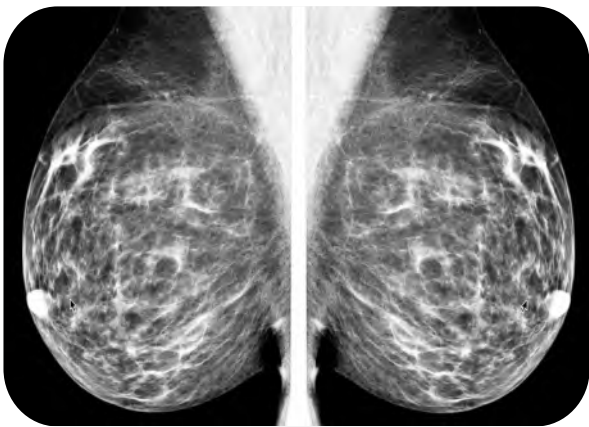
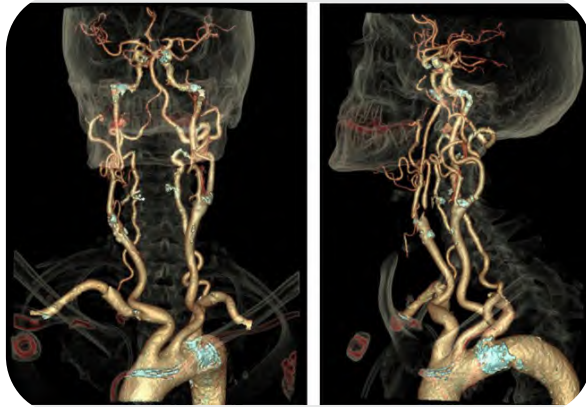
Investigation : _____

- 1.5T MRI • 64 Slice CT Scan • Mammography
- Colour Doppler • 3D/4D Sonography • Digital X-Ray

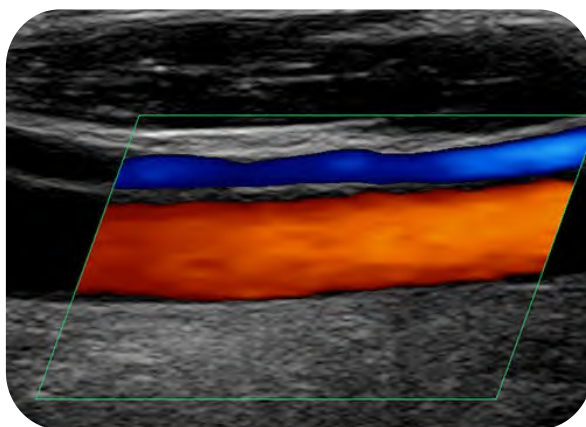
A-309, Oxford Avenue, Opp. C.U. Shah College, Income Tax,
Ashram Road, Ahmedabad - 380014.

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64 Slice CT Scan
Mammography
Colour Doppler
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