



Nihon Clinic  
日本クリニック

## PHYSICAL EXAM / NINGEN DOCK

NIHON CLINIC provides comprehensive health examination (it's known as "NINGEN DOCK" in Japan) to detect any possible medical signs or symptoms of a medical condition and prevent serious progressive diseases or cancers. For your healthy life, we recommend you to have a physical exam once a year.

### DATES / TIME FOR PHYSICAL

MONDAYS, WEDNESDAYS, FRIDAYS, and SATURDAYS  
(NOT every week, please see our physical schedule)

CHECK-IN TIME: 8:00 ~ 9:30 A.M. (MON. WED. FRI.)  
7:30 ~ 9:00 A.M. (SAT.)

TIME REQUIRED: For about 2 ~ 4 hours

### TO APPLY:

GO <http://www.nihonclinic.com/english/services/physical.html>  
LOG IN AND COMPLETE YOUR APPLICATION.

### METHODS OF PAYMENT

CASH, CHECK, CREDIT CARD or INSURANCE CLAIM

### INSURANCE CLAIM

When we process the claim to your insurance company, our physical exam package price won't be applied. Whether each exam expense will be covered or not by your insurance depends on your policy.

### EXAM RESULT REPORT


You will receive your physical result report within 4 weeks after the exam. You can also log in to our website to look at your report online. We will notify you sooner if you need any further exams or medical treatment. You can schedule your follow-up or recheck appointment in accordance with the report. **We recommend you to register our number (847-952-8910) on your telephone.**

### CHANGE OR CANCELLATION OF APPOINTMENT

If you need to change or cancel your appointment, please notify us at least 7 days prior to your appointment. No changes or cancellations are accepted on the day of your appointment.

# NIHON CLINIC PHYSICAL EXAM PACKAGES



| EXAMINATION         |   | PACKAGES |     |     |     |      |      |   |      |      |     |
|---------------------|---|----------|-----|-----|-----|------|------|---|------|------|-----|
|                     |   | A        | B   | B1  | C   | C1   | D    |   |      | D1   | E   |
| 1                   | Complete Physical Examination                             | ■        | ■   | ■   | ■   | ■    | ■    | ■   | ■    | ■    |     |
|                     | Vision Test   | ■        | ■   | ■   | ■   | ■    | ■    | ■   | ■    | ■    |     |
|                     | Body Measurement • BP                                     | ■        | ■   | ■   | ■   | ■    | ■    | ■   | ■    | ■    |     |
| 2                   | Plethysmography   | ■        | ■   | ■   | ■   | ■    | ■    | ■   | ■    | ■    |     |
| 3                   | Blood Type(ABO,RH)  |          |     |     |     |      |      |   |      |      |     |
| 4                   | Comprehensive Screen Profile                              | ■        | ■   | ■   | ■   | ■    | ■    | ■   | ■    | ■    |     |
|                     | ▪ Complete Blood Count, Iron                              |          |     |     |     |      |      |   |      |      |     |
|                     | ▪ Glucose   |          |     |     |     |      |      |   |      |      |     |
|                     | ▪ Electrolyte-Na,K,Cl,Ca,Phos                             |          |     |     |     |      |      |   |      |      |     |
|                     | ▪ Kidney-BUN,Creatinine                                   |          |     |     |     |      |      |   |      |      |     |
|                     | ▪ Gallbladder-T-Bil,D-Bil                                 |          |     |     |     |      |      |   |      |      |     |
|                     | ▪ Uric Acid   |          |     |     |     |      |      |   |      |      |     |
|                     | ▪ Liver-TP,Albumin,Globulin,<br>ALP, γ-GTP, GOT, GPT, LDH |          |     |     |     |      |      |   |      |      |     |
|                     | ▪ Cholesterol,TG,HDL,LDL                                  |          |     |     |     |      |      |   |      |      |     |
| ▪ Thyroid-TSH       |   |          |     |     |     |      |      |   |      |      |     |
| ▪ Syphilis          |   |          |     |     |     |      |      |   |      |      |     |
| 5                   | Amylase/Pancreas  | ■        | ■   | ■   | ■   | ■    | ■    | ■   | ■    | ■    |     |
| 6                   | CRP   | ■        | ■   | ■   | ■   | ■    | ■    | ■   | ■    | ■    |     |
| 7                   | Rheumatoid Factor   | ■        | ■   | ■   | ■   | ■    | ■    | ■   | ■    | ■    |     |
| 8                   | Urinalysis  | ■        | ■   | ■   | ■   | ■    | ■    | ■   | ■    | ■    |     |
| 9                   | Stool Hemocult  | ■        | ■   | ■   | ■   | ■    | ■    | ■   | ■    | ■    |     |
| 10                  | Chest X-Ray   |          | ■   | ■   | ■   | ■    | ■    | ■   | ■    | ■    |     |
| 11                  | Upper Gastrointestinal X-Ray                              |          |     |     | ■   | ■    | ■    | ■   | ■    | ■    |     |
| 12                  | E.K.G.  |          | ■   | ■   | ■   | ■    | ■    | ■   | ■    | ■    |     |
| 13                  | Audiometry  |          | ■   | ■   | ■   | ■    | ■    | ■   | ■    | ■    |     |
| 14                  | Spirometry  |          |     |     |     |      |      |   | ■    | ■    |     |
| 15                  | Sputum Cytology   |          |     |     |     |      |      |   |      |      |     |
| 16                  | Ova and Parasite  |          |     |     |     |      |      |   |      |      |     |
| 17                  | Hepatitis A,B,C   |          |     |     |     |      | ■    | ■   | ■    | ■    |     |
| 18                  | AIDS /HIV   |          |     |     |     |      | ■    | ■   | ■    | ■    |     |
| 19                  | CEA, AFP, PSA (male)                                      |          |     |     |     |      | ■    | ■   | ■    | ■    |     |
| 20                  | CEA, AFP, CA125 (female)                                  |          |     |     |     |      | ■    | ■   | ■    | ■    |     |
| 22                  | HgbA1c  |          |     |     |     |      |      |   | ■    | ■    |     |
| 23                  | Glucose Tolerance 2 HR                                    |          |     |     |     |      |      |   | ■    | ■    |     |
| 25                  | U/S-Abdominal, Kidney                                     |          |     | ■   |     | ■    |      | ■   | ■    | ■    |     |
| 26                  | U/S-Thyroid   |          |     |     |     |      |      |   |      | ■    |     |
| 27                  | Bone Density  |          |     |     |     |      |      |   |      | ■    |     |
| 28                  | Vitamin D   |          |     |     |     |      |      |   |      |      |     |
| PACKAGE FEE (\$)    |   | 500      | 650 | 940 | 950 | 1200 | 1350 | 1640  | 1900 | 2180 |     |
| Women's Examination |   | W1       | W2  |     |     | W3   |      |   | W4   |      |     |
|                     |   | A        | A   | C   | E   | A    | C    | E   | A    | C    | E   |
| 31                  | Pap Smear   | ■        | ■   | ■   | ■   | ■    | ■    | ■   | ■    | ■    | ■   |
| 32                  | Mammogram   |          | ■   | ■   | ■   |      | ■    | ■   |      |      | ■   |
| 33                  | Ultrasound/Breast   |          |     | ■   | ■   |      | ■    | ■   |      | ■    | ■   |
| 34                  | Ultrasound/Pelvic   |          |     |     |     |      | ■    | ■   |      | ■    | ■   |
| 35                  | Post Menopausal   |          |     |     |     |      |      |   | ■    | ■    | ■   |
| PACKAGE FEE (\$)    |   | 175      | 420 | 370 | 585 | 660  | 610  | 825   | 820  | 770  | 975 |