

건강검진 패키지 (-2022/3/31)

DYM 메디컬 센터
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No	검사 항목	EXAMINATION ITEMS	남성 MALE				여성 FEMALE					
			기본 Basic	표준 30 (40세 미만) Standard (<40 yrs)	표준 40 (40세 이상) Standard (≥40 yrs)	종합건강검진 30 (40세 미만) Comprehensive (<40 yrs)	종합건강검진 40 (40세 이상) Comprehensive (≥40 yrs)	기본 Basic	표준 30 (40세 미만) Standard (<40 yrs)	표준 40 (40세 이상) Standard (≥40 yrs)	종합건강검진 30 (40세 미만) Comprehensive (<40 yrs)	종합건강검진 40 (40세 이상) Comprehensive (≥40 yrs)
진찰/측정												
CONSULTATION, MEASUREMENT												
1	일반 진찰	Medical Consultation	○	○	○	○	○	○	○	○	○	
2	신장, 체중, 혈압, 허리둘레, 체질량지수	Height, weight, blood pressure, waist, BMI	○	○	○	○	○	○	○	○	○	
청력 검사												
AUDIOMETRY												
3	4,000Hz, 1,000Hz	4,000Hz, 1,000Hz		○	○	○	○	○	○	○	○	
안과 검사												
EYE EXAMINATION												
4	시력 검사	Vision test	○	○	○	○	○	○	○	○	○	
5	안압 검사	Tonometry		○	○	○	○	○	○	○	○	
6	안저 검사	Funduscopy		○	○	○	○	○	○	○	○	
일반혈액검사												
GENERAL BLOOD TEST												
7	CBC (백혈구, 혈색소, 등)	CBC	○	○	○	○	○	○	○	○	○	
당뇨병 검사												
SUGAR												
8	공복 혈당	Fasting glucose	○	○	○	○	○	○	○	○	○	
9	HbA1c	HbA1c		○	○	○	○	○	○	○	○	
고지혈증 검사												
LIPID PROFILE												
10	중성지방 (트리글리세라이드)	Triglyceride	○	○	○	○	○	○	○	○	○	
	총 콜레스테롤	Total cholesterol	○	○	○	○	○	○	○	○	○	
	HDL 콜레스테롤	HDL cholesterol	○	○	○	○	○	○	○	○	○	
	LDL 콜레스테롤	LDL cholesterol	○	○	○	○	○	○	○	○	○	
간기능 검사												
LIVER FUNCTION												
11	AST/ALT, γ-GTP, ALP, LDH	GOP/GPT, γ-GTP, ALP, LDH	○	○	○	○	○	○	○	○	○	
12	총단백, 알부민, A/G비율	Total protein, albumin, A / G ratio		○	○	○	○	○	○	○	○	
13	총빌리루빈	Total bilirubin		○	○	○	○	○	○	○	○	
신장기능 검사												
KIDNEY FUNCTION												
14	크레아티닌	Creatinine	○	○	○	○	○	○	○	○	○	
	요소질소	Urea nitrogen	○	○	○	○	○	○	○	○	○	
통풍 검사												
GOUT												
15	요산	Uric Acid	○	○	○	○	○	○	○	○	○	
췌장기능 검사												
PANCREATIC FUNCTION												
16	아밀라아제	Amylase		○	○	○	○	○	○	○	○	
감염질환검사												
INFECTIOUS DISEASE												
17	B형간염표면항체	Anti-HBs (Hepatitis B surface antibody)	○	○	○	○	○	○	○	○	○	
18	B형간염표면항원	HBsAg (Hepatitis B antigen)	○	○	○	○	○	○	○	○	○	
19	C형간염항체	Anti HCV		○	○	○	○	○	○	○	○	
20	CRP (염증반응검사)	CRP		○	○	○	○	○	○	○	○	
종양표지자 검사												
TUMOR MAKER												
22	PSA (전립선암 검사)	PSA			○		○				○	
23	CA125 (난소암, 자궁내막암 검사)	CA125						○	○		○	
소변검사												
URINE TEST												
24	단백질, 당	Protein, sugar	○	○	○	○	○	○	○	○	○	
25	혈액	Occult blood	○	○	○	○	○	○	○	○	○	
대변검사 (두번 법)												
STOOL TEST (Two Times)												
26	분변잠혈검사	Occult blood			○	○	○	○	○	○	○	
영상검사												
IMAGING												
27	심전도	Electrocardiography (ECG)	○	○	○	○	○	○	○	○	○	
28	흉부 엑스레이	Chest X-ray	○	○	○	○	○	○	○	○	○	
29	복부초음파 (상복부 & 하복부)	Whole Abdominal Ultrasound		○	○	○	○	○	○	○	○	
부인과 검사												
GYNECOLOGY EXAMINATION												
30	부인과 진찰 (유방촉진 포함)	Gynecology Examination						○	○	○	○	
31	자궁 경부암 검사 (세포진)	Cervical cancer test (Max Prep)						○	○	○	○	
32	유방 초음파	Breast ultrasound						○	○	○	○	
33	유방 조영술	Mammography						○	○	○	○	
위 검사												
GASTRIC EXAMINATION												
34	위 내시경 (수면비 포함)	Upper gastrointestinal endoscopy				○	○			○	○	
보고서												
HEALTH CHECK-UP REPORT												
35	결과 보고서	Health Assessment	○	○	○	○	○	○	○	○	○	
			3,500,000	6,000,000	6,500,000	10,000,000	10,500,000	4,000,000	7,000,000	8,500,000	11,500,000	12,500,000

※회사에 대한 Red invoice가 필요한 경우에는 리셉션 카운터에서 문의하십시오.