Okamura Isshindow Executive "Super" Medical Health Checkup





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Introduction

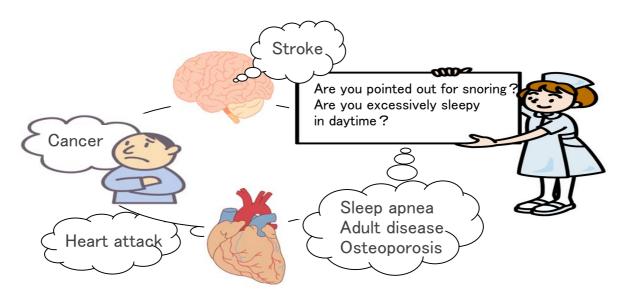
Your interest is probably to keep your life happy and healthy. To keep yourself well, we recommend you to take a health checkup regularly for your wellness of life. Isshindow Execative "Super" Health Checkup gives you a chance to identify early stages of illness so you can treat illness before it gets worse.

It is well known that persons at the age of late thirty are apt to be diabetic and hypertensive, if they are careless about their health. Diabetes and hypertension are closely related to stroke and heart attack in later life. These illnesses (so-called lifestyle diseases) are known as silent diseases, because these illnesses are difficult to be aware of until you have an attack

Recently, the number of cancer patient tends to increase year by year and many cancerous states could be detected by the latest medical technology and could be treated in the early stage.

We provide medical tests for the early detection of stroke, heart attack and sleep apnea syndrome and cancer and also offer other basic health checkup for your better life.

Our health checkups include the variety of the menu for fine examinations and therefore we have confidence that you will be satisfied with taking our Isshindow Executive "Super" Medical Health Checkup at least once a year.



Overview of the total diagnosis in Isshindow"Super"medical health checkup

Cancer: Recently, cancer ranks high as for causing for death.

Brain strokes; Cerebrovascular disease (CVD) is one of the three major disease in adults.

Heart/vascular attack: Arteriosclerosis is closely related to these attacks as well as CVD.

Sleep apnea syndrome: In recent study this is related to the high incidence of heart attack and stroke.

Lifestyle diseases, such as Diabetes Mellitus etc; These are very closely related with the above diseases.

Osteoporosis: This is one of the reasons why women have been bedridden for a long time due to the hip bone fracture.

Staff doctors for the Isshindow Executive "Super" Medical Health Checkup;



Kazuhiro Okamura, MD., President of the Hospital, Dr. of Med.Science



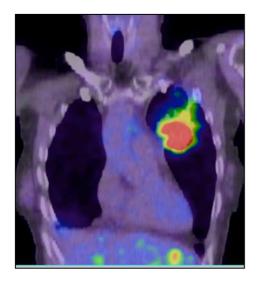
Sadayoshi Fuchimoto, MD., Administrator of the Hospital, Dr. Of Med.Science.



Yoshihiro Kohno, MD., Chief Radiologist, Dr. of Med.Science

[Cancer Examinations]

PET is very keen to identify the early cancerous state in most of our organs. However, some organs can take into the less radioactive marker, making difficult to identify the early stage cancer.



[PET: Positron Emission Tomography]

In case the cancer is suspicious by PET in some organs such as thyroid gland, we diagnose the early stage of the cancer carefully and correctly, combined with other skillful CT, MRI, ultrasonagram and specific markers for each cancer by the blood test.

In cancer cells, sugar metabolisms rise more, compared with normal cells in the same organ. Therefore PET uses this mechanism of sugar intake into the cell. We use Fluodeoxyglucose (FDG) which is composed of the extremely short radioactive substance and glucose.

The picture on the left shows a man's cancer on the left lung in which sugar intake is figured as reddish collar.

<Organs and Effective Examinations>

	PET/CT	MRI/MRA	Ultrasonagram	Endoscope test	Blood Test	Cytology	Others
Brain	0	0					
Carotid Artery			0				
Thyroid Gland	0		0		0		
Chest (lung)	0				0	OSputum	
Heart		0	0		0		ECG/ABI
Breast	0		0		0		Mammography
Abdomen	0		0		0		Urine test
Stomach				ONasal			
Colon	0			(O)	0		Guaiac test
Prostate Gland		0	0		0		
Uterus, Ovary	0	0	0		0	OSecretion	



∽ The Diagnostic equipment ∽

PET/CT GEMINI-GXL by Philips Electronics

MRI/MRA EXCITE HD by General Electric Company

Mammography SENOGRAPHE 800T by General Electric Company

Ultrasonagram LOGIQ7 by General Electric Company

Blood Test Biochemical test: Dimension RxL Max by Siemens Corporation

Blood count: XT-1800i by Sysmex Corporation
Cancer marker AIA-600 II by Tosoh Corporation

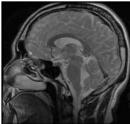
Endoscope Nasal Fiberscope by Olympus Corporation

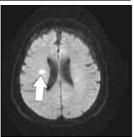
Sleep tester LS-300 by Fukuda Denshi Corporation



[Cerebrovascular Examination]

Our Cerebrovascular examination is to diagnose for the early stage of subclinical aneurysms, silent multiple ischemic lesions and silent brain tumor with MRI and MRA.







MRI (Saggital section)

(Normal)

This vertical picture shows a man's brain looking from your left side; nose on the left and the back of the head on the right side of picture. There is no abnormality in this picture.

MRI (Horizontal section)

(Abnormal, super-acute phase of cerebral infarction)

This picture shows a man's brain in the horizontal section looking from the bottom of head; nose on the top and the back of the head on the bottom of the picture. Abnormality is the white spot on the right hemisphere of the brain. Even if this cerebral infarction may be asymptomatic at this moment, it is thought to indicate a kind of warning that this proceed the stroke in the future.

MRA (MR Angiography)

(Abnormal, cerebral aneurysm)

This picture shows a brain artery. The arrow points the cerebral aneurism which is like a hump of vessel with blood inside. Once a hump suddenly ruptures, it may be lethal.

[Heart and Coronary Artery Examinations]

Our examinations offer the MRA to find the stenotic lesions in coronary artery, ulrasonagram to find the arteriosclerosis in carotid artery, and ABI (Arm Brachial Index) to find the chronological age of your artery .



MRA (Coronary artery)

(Normal)

Coronary artery is the vessel that gives oxygen and nutrition to cardiac muscle.

If this vessel gets narrow in a part or suffocates, it causes heart attack such as angina pectoris or myocardial infarction.

The picture on the left side shows right coronary artery and there is no stenosis in it.



as

Ultrasonagram in carotid artery

(Abnormal, vessel stenosis by the plaque)

The picture shows the ultrasonagram of carotid artery. The white part of picture describes blood flow in carotid artery and the arrow indicates the thrombosis. The plaque is shown as blocked out part.



ABI (Arm Brachial Index)

Blood pressure pulse is measured by the manometer attached on both upper arms and both ankles.

The measurement takes only five minutes and it gives the data of the arteriosclerotic level.

Note; Arteriosclerosis is the artery condition in which the walls of vessels become thick, hard, not elastic, fragile, and finally stenotic and easily ruptured.

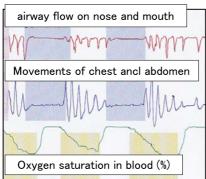
(Sleep Apnea Syndrome Examination)

Sleep Apnea Syndrome (SAS) is the sleep disturbance caused by the disturbed breathing such as apnea and hypopnea during sleep. SAS is defined as no breathing for more than 10 seconds that occurs more than 5 times within an hour during sleep. You may not fall into asleep and may have excessive daytime sleepiness if you have this disease. Symptoms of this sickness describe as loud snoring, a morning headache, no breathing during the sleep at night and the sleepiness during the daytime.

Latent patients with SAS are prospected as 1 to 2% of the population.

SAS is also closely related to the diseases of heart and brain attack and it may cause cardiovascular and cerebrovascular accidents in the future, if it remains untreated. This SAS may also affect your social life through daytime sleepiness, such as the lower job efficiency and the car accident by dozing off.





The picture of setting the sleep test instruments on a client

The sensors of the instrument are placed on the tip of the nose, the fingertip and the belly to check the breathing, oxygen saturation and body position during a sleep at one night.

Analysis of the result

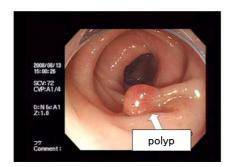
The upper level shows the strength of breathing, the middle level indicates the effort of respiration and the lower line shows the oxygen saturation.

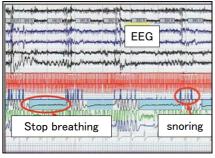
Four purple squares show that this person has the disturbed breathing. Lower yellow squares show that the oxygen in the blood is gradually dropping as it goes. Once the disturbed breathing happens, oxygen cannot take into our body, so that the oxygen saturation rate drops.

The lowered oxygen concentration in blood stimulates to start breathing, so that persons try to breath hard without awareness. This shows a red and a blue line going up and down hastily in the profile.

(Other examinations)

Women's health, men's health, eye health, ear nose and throat health examinations are available. In case we find the abnormality, the additional and optional examinations are provided for further needs. We also provide coronary angiography and colon fiberscope without any stress to your body. If you are suspected as Sleep Apnea Syndrome, you may stay overnight to have polysomnography to diagnose the type of SAS correctly and decide which Continuous Positive Airway Pressure (CPAP) treatment is the most appropriate.





Colon fiberscope

The procedure of this examination is to insert the endoscope into the large intestine from the anus and to observe where the focus exists in rectum, sigmoid colon, descending colon, transverse colon, ascending colon, and caecum portion.

If the focus is suspected, a piece of the tissue in the focus will be stripped during this procedure and be sent to pathological examination immediately. If necessary, the polypectomy can be extirpated.

Analysis of Polysomnography (Further examination for SAS)

This examination diagnoses "sleep quality" with recording the electroencephalogram (EEG) and electrocardiogram (ECG) as well as respiratory condition and oxygen saturation in blood during a sleep. From these data we diagnose accurately if he/she should be treated with CPAP respiratory equipment or the another ventilator.

Sample Data GENERAL STATEMENT OF EXAMINATIONS

A: Normal B: Slight change (need consideration) C: Need accurate exam D: Need treatment Contents marked * has the explanation in detail.

Body measurement B Tend to be overweight, need to lose weight		Examination	General grade	Comment	*		
Brain PET/CT A No abnormality MRI A No abnormality Carotid Artery MRI/MRA A No abnormality Ophthalmology Visual acuity B Near sight Funduscopic exam A No abnormality Otorhinolaryngolog Audiogram A No abnormality Otorhinolaryngolog Audiogram A No abnormality Otorhinolaryngolog Audiogram A No abnormality Sleep test D Sees suggestation as suggested threatment if recessory. Thyroid gland PET/CT A No abnormality Chest PET/CT A No abnormality Broad A No abnormality Chest PET/CT A No abnormality Broad A No abnormality Chest PET/CT A No abnormality Chest PET/CT A No abnormality Chest PET/CT No abnormality Dide test D Severe hyperlipidemia,treat ment needed. (GRNP) A No abnormality D Severe hyperlipidemia,treat ment needed. (GRNP) A No abnormality Not examined Naminory Petro Not examined Naminory Physical exam Not examined Not examined Naminory Physical exam Not examined Not examined Naminory Physical exam Not examined Not examined Not examined Naminory Physical exam Not examined Not examined Not examined Naminory Physical exam Not examined	Body	measurement		Tend to be overweight, need to lose weight			
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MRI				-			
Carotid Artery MRI/MRA A No abnormality	l .			-			
Carotid Artery							
Ophthalmology				-			
Funduscopic exam A No abnormality							
Intraocular pressure							
Ottorhinolaryngolog Audiogram		·	Α				
Equilibrium test A No abnormality							
Sleep test							
Thyroid gland PET/CT	l .	· ·	D	•	*		
Ultrasonagram		•					
Blood test							
Chest PET/CT A No abnormality Spirogram A No abnormality A No abnormality Spirogram A No abnormality MRA A No abnormality PCG A No abno				-			
Chest x-ray A No abnormality Spirogram A No abnormality			Α				
Spirogram	l i	Chest x-ray	Α	-			
Heart/vascular ECG	l .	-	Α	-			
ECG		-	Α	•			
ABI/Blood pressure		ECG		-			
Lipids (BNP) A No abnormality PET/CT Not examined Physical exam Not examined Mammography Not examined Mammography Not examined Not examined Mammography Not examined Not exam			В	-	*		
Breast			D	·			
PET/CT		· · · · · · · · · · · · · · · · · · ·	Α				
Ultrasonagram	Breast		Not examined				
Ultrasonagram		Physical exam	Not examined				
Mammography Not examined	l .	-	Not examined				
Abdomen PET/CT	l 1		Not examined				
Liver function B Slightly damaged Kidney function A No abnormality Urine exam A No abnormality Diabetes Mellitus A No abnormality (CA19-9) A No abnormality Stomach Endoscope A No abnormality Colon PET/CT A No abnormality (CEA) A No abnormality Hb in feces A No abnormality Physical exam A No abnormality Prostate PET/CT MRI A No abnormality PET/CT MRI A No abnormality Ultrasonagram B Mild hypertrophy and calcification were found, but no nodules (PSA) A No abnormality Uterus/Ovarium PET/CT MRI Not examined (CA125) Not examined			Α	No abnormality			
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Stomach Endoscope A No abnormality		Diabetes Mellitus	Α	No abnormality			
Colon PET/CT		(CA19-9)	Α	No abnormality			
CEA A No abnormality	Stomach	Endoscope	Α	No abnormality			
Hb in feces A No abnormality Physical exam A No abnormality Prostate PET/CT MRI A No abnormality Ultrasonagram B Mild hypertrophy and calcification were found, but no nodules (PSA) A No abnormality Uterus/Ovarium PET/CT MRI Not examined Ultrasonagram Not examined (CA125) Not examined Cytology Not examined Osteoporosis Bone Densitometry/Marker for bone metabolism A No abnormality Infection Syphylis/Hepatitis/HIV A No abnormality Immunity (CRP/RA/E.sed.rate) A No abnormality General comments Severe hyperlipidemia was found. Arteriosclerosis was strongly suggested by ABI. These facts recommend you need a diet therapy and oral medication. Prostate gland was slightly hypertrophic and with some calcification. This indicates you should take PSA marker test once a year for prostatic cancer. By polysomnogarphy due to suspicious	Colon	PET/CT	Α	No abnormality			
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Ultrasonagram Not examined (CA125) Not examined Cytology Not examined Support Not examined Not e		` '	Α	No abnormality			
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SAS, you were accurately diagnosed obstructive sleep apnea syndrome and need the CPAP (continuous positive airway pressure) therapy.	comments	need a diet therapy and oral medication. Prostate gland was slightly hypertrophic and with some calcification. This indicates you should take PSA marker test once a year for prostatic cancer. By polysomnogarphy due to suspicious SAS, you were accurately diagnosed obstructive sleep apnea syndrome and need the CPAP (continuous positive					

Sample Data < Report of Blood/urine/Feces examinations >

Albumin	content	Examination	Standard reading	Graph	This time	Previous	Two times befo	re
Albumin				Low Normal High	2008.10.10	2007.10.5	2006.9.28	comment
WBC	Body	Total protein	(6,5-8.5)	*	7.2	7.1	7.1	
WBC			(3.7-5.2)	*	4.5	5.3	5.2	
RBC		WBC	(3500-9000)	*	6,500	5,800	5,900	
Hb		RBC	(430-550)	*				
Ht		Hb	(13.5-17.5)	*		15.1		
Liver function ALP		Ht	(40.0-52.0)	*				
Liver function ALP		Platelet	(13-36)	*	25.6	26.8	27.2	
GOT (5-45)	Liver	ALP		*				
GOT (5-45)	function	γ-GTP	(8-78)	*	88	85	89	Little high
Lipids		GOT	(5-45)	*	50	42	40	
Lipids		GPT	(5-36)	*	65	60	62	high
Trigycerid		LDH	(297-537)	*	503	499	489	
Trigycerid	Lipids	T-cho	(130-220)	*		291		Needed treatment
LDL-cho (<130)		Trigyceridl	(35-160)	*	388	350	362	Needed treatment
Renal BUN (8-20)			(30-70)	*				
Renal function		LDL-cho	(<130)	*	250		251	Needed treatment
Creatinine	Renal	BUN	(8-20)	*		14.9	14.9	
Uric acid (2.5-7.0) * 6.5 6.7 6.5	function			*	1.06	1.03	1.02	
Diabettes meittus				*				
HbA1C	Diabettes			*				
Insulin (<17) * 6.1 5.9 5.9 1.9	meittus			*				
TPHA				*	6.1	5.9		
HCV	Infection			*				
HCV				*	(-)	(-)	(-)	
HIV抗体 (-) * (-) (-) (-) (-)			(-)	*	(-)	(-)	(-)	
Immunity				*	(-)	(-)		
RA	Immunity		(<0.4)	*	0.21	0.19	0.15	
MAST26	·			*				
Blood sedimentation rate (th) (<10)		ANA	(<35)	*	12.8	10.9	11.3	
Cardiac function BNP (<18.4) * 16.2 14.8 13.5 Thyroid function FT4 (0.82-1.63) * 0.93 0.86 0.88 function TSH (0.38-4.31) * 1.95 2.51 2.49 TRACP-5b (1.2-4.2) * 3.5 3.1 3.3 Tumor CEA (<6)		MAST26	(-)	*	Cedar(+)	Cedar(+)	(-)	Suspicious pollinosis
Thyroid function		Blood sedimentation	rate(1h)(<10)	*	8	5	6	
function TSH (0.38-4.31) * 1.95 2.51 2.49 TRACP-5b (1.2-4.2) * 3.5 3.1 3.3 Tumor CEA (<6)	Cardiac function	BNP	(<18.4)	*	16.2	14.8	13.5	
TRACP-5b (1.2-4.2) * 3.5 3.1 3.3 Tumor markers CEA (<6) * 2.2 2.1 2.1 CA19-9 (<37) * 8.6 9.5 9.3 AFP (<10) * 3.2 3.3 3.1 (Male) (Female) CA125 (<35) Urine exam Protein (-) * (-) (-) (-) Glucose (-) * (-) (-) (-) Ketone (-) * (-) (-) (-) Bilirubin (-) * (-) (-) (-) Blood cell (-) * (-) (-) (-) Urobilinogen (N) * N N Urine sediment * Normal Normal Hb First test (-) * (-) (-) (-) Second test (-) * (-) (-) (-) Second test (-) (-) (-) (-) Second test (-) (-) (-) (-) (-)	Thyroid	FT4	(0.82-1.63)	*	0.93	0.86	0.88	
TRACP-5b (1.2-4.2) * 3.5 3.1 3.3 Tumor CEA (<6) * 2.2 2.1 2.1 CA19-9 (<37) * 8.6 9.5 9.3 AFP (<10) * 3.2 3.3 3.1 (Male) (PSA (<4.0) * 0.65 0.58 0.55 (Female) Urine exam Protein (-) * (-) (-) (-) Glucose (-) * (-) (-) (-) Ketone (-) * (-) (-) (-) Bilirubin (-) * (-) (-) (-) Blood cell (-) * (-) (-) (-) Urobilinogen (N) * N N Urine sediment * Normal Normal Hb First test (-) * (-) (-) (-) Second test (-) * (-) (-) (-) Second test (-) (-) (-) (-) (-) Second test (-) (-) (-) (-) (-)	function	TSH	(0.38-4.31)	*	1.95	2.51	2.49	
markers CA19-9 (<37) * 8.6 9.5 9.3 (Male) AFP (<10)		TRACP-5b	(1.2-4.2)	*	3.5	3.1	3.3	
AFP	Tumor	CEA	(<6)	*	2.2	2.1	2.1	
(Male) PSA (<4.0) * 0.65 0.58 0.55 Urine exam Protein (-) * (-) (-) (-) Glucose (-) * (-) (-) (-) Ketone (-) * (-) (-) (-) Bilirubin (-) * (-) (-) (-) Blood cell (-) * (-) (-) (+-) Urobilinogen (N) * N N N Urine sediment * Normal Normal Normal Hb First test (-) * (-) (-) (-) in feces Second test (-) * (-) (-) (-)	markers	CA19-9	(<37)	*	8.6	9.5	9.3	
(Female) CA125 (<35) Not tested Not tested Not tested Urine exam Protein (-) * (-) (-) (-) Glucose (-) * (-) (-) (-) Ketone (-) * (-) (-) (-) Bilirubin (-) * (-) (-) (-) Blood cell (-) * (-) (-) (+-) Urobilinogen (N) * N N N Urine sediment * Normal Normal Normal Hb First test (-) * (-) (-) (-) in feces Second test (-) * (-) (-) (-)		AFP	(<10)	*	3.2	3.3	3.1	
Urine exam Protein (-) * (-) <t< td=""><td>(Male)</td><td></td><td>(<4.0)</td><td>*</td><td>0.65</td><td>0.58</td><td>0.55</td><td></td></t<>	(Male)		(<4.0)	*	0.65	0.58	0.55	
Glucose (-) * (-) (-) (-) (-) Ketone (-) * (-) (-) (-) Bilirubin (-) * (-) (-) (-) Blood cell (-) * (-) (-) (+-) Urobilinogen (N) * N N N Urine sediment * Normal Normal Normal Hb First test (-) * (-) (-) (-) Second test (-) * (-) (-) (-)	(Female)	CA125	(<35)		Not tested	Not tested	Not tested	
Ketone (-) * (-)	Urine exam	Protein	(-)	*	(-)	(-)	(-)	
Bilirubin (-)		Glucose	(-)	*	(-)	(-)	(-)	
Blood cell (-)		Ketone	(-)	*	(-)	(-)	(-)	
Urobilinogen (N) * N N N Urine sediment * Normal Normal Normal Hb First test (-) * (-) (-) (-) in feces Second test (-) * (-) (-) (-)		Bilirubin	(-)	*	(-)	(-)	(-)	
Urine sediment * Normal Normal Normal Hb First test (-) (-) (-) in feces Second test (-) (-) (-)		Blood cell	(-)	*	(-)	(-)	(+-)	
Hb First test (-) * (-) (-) (-) in feces Second test (-) * (-) (-)		Urobilinogen	(N)	*	N	N	N	
in feces Second test (-) * (-) (-)		Urine sedim	ent	*	Normal	Normal	Normal	
	Hb	First test	(-)	*	(-)	(-)	(-)	
Cytology in vagina Class level Not tested Not tested Not tested	in feces		(-)	*	(-)	(-)	(-)	
	Cytology in vagina	Class level			Not tested	Not tested	Not tested	

<Formation of statement>

1.General statement

This report gives you the information about your health in general.

2.Supplementary statement

This report gives you the information of more specific test results in detail.

3. Statement about blood test, urine test and feces The test results of last three exams will be reported in the same sheet.

4. Sleep test statement

5. ABI statement

6. Imaging diagnostic statements

PET, CT, Brain MRI/MRA, Coronary MRA, Ultrasonagram

Example

<Timetable of Isshindow Executive "Super" Health Checkup>



First day

No breakfast please

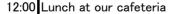
8:00 Reception Desk for the medical health checkup Please bring your stool sample with you and give it to the nurse at the admission. Orientation about the time schedule of Isshindow medical health checkup Physical exam and taking blood sample

8:30 Abdominal ultrasonagram and electrocardiogram both at rest and on the load



9:00 PET/CT

If you have any questions about the examinations, please do not hesitate to ask our staff.





13:30 Brain MRI/MRA, Heart MRA

Mammography test only for female clients

Bone densitometry

15:30 Ultrasonagram for carotid artery and thyroid gland, ABI, Audiometry

lunch

Equilibirium test by Gravicorder, Spirogram (Vital capacity and Flow-Volume curve)

Mammary gland test only for women

17:00 The end of the above examinations

18:00 Dinner and shower time



19:00 Setting sensors of sleep exam instruments as you request

<Blood test/Urinalysis/stool test contents>

Body in general: TP/Alb/CBC

Hepatic function: ALP/ γ -GTP/GOT/LDH

Lipids: T-cholesterol/Triglyceride/LDL-cholesterol/HDL-cholesterol

Kidney function: BUN/Creatinin/UA/Urinalysis

Diabetes: BS/HbA1C/Insulin

Infectious disease: TPHA for Syphylis

HBV-SAb for Hepatitis B HCV-Ab for Hepatitis C

Body measurement;

Height/Weight/Body adipose index/Ventral

girth/Blood pressure

Ophthalmology;

<Other tests>

Visual acuity/eyeground/intraocular pressure

Ear, nose and throat;

Audiometry/equilibrium test/ physical examination

Rectum exam;

Immunity function: CRP/Rheumatoid Factor/Blood Sedimentation Palpation of rectal portion by the specialists

Heart function: BNP

Bone metabolism

Thyroid function: FT4/TSH

Breast exam;

Palpation of breast only for women by the

mammary specialists

Tumor marker: CEA/CA19-9 for digestive tract cancer (Adenocarinoma)

AFP for liver cancer (Hepatoma) PSA for prostatic cancer for men

CA125 for ovarian cancer and endometoriosis, etc. for women

Digestive cancer: Hb in feces sample (2 times method)

Uterus cancer: Cytology of the smear from secretion sample in vagina

Second day



No breakfast before examinations

in the morning



Take off the sensors of sleep exam

8:30 Gastroendoscopic exam with "Nasal fiberscope"

9:00 Examined by ophthalmologist

(Examined by gynecologist for female client)

Examined by urologist

10:30 Otolaryngologist's exam

11:00 Internist's exam

Explanation about the result of the test data by the internist

12:00 Lunch



It takes until 6 pm. in case of many examinees

If the result of Hb in feces (stool) is positive, we ask you to skip a lunch and take the colon fiberscope in the afternoon.

In this colon fiberscope, if any procedure extirpated colon polyps is permitted, we may kindly ask you to stay overnight to observe your post-operative bleeding.

If SAS is suspected by the sleep test, polysomnography for the further exam is available as you request and we may kindly ask you to stay another 2 days during the night only.

We hope we offer you a comfortable and caring service at our hospital. We ask you wait to receive the documentation of all the results of data and examinations.

You will receive those in 2 weeks.

We thank you for your cooperation.

Thank you for choosing our Isshindow Executive "Super" Medical Health Checkup.



Acommodation in our hospital is free. Hotel and your house are also available by your own free.



Information about Isshindow Cancer Center

Leksel Gamma Knife facility by Electa Corp. for brain tumor

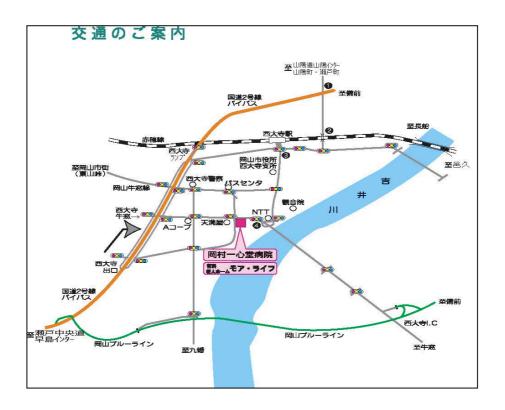
Stereotactic radiation therapy with précise planning system by Electa Corp. for cancer

RF-8 Hyperthermia by Yamamoto-Benitor Corp. for advanced cancer

Hyperbaric oxygen therapy by Schrict, combined with radiation therapy and hyperthermia

Application form is available by e-mail (info@isshin.or,jp), by phone (086-942-9900) and by fax (086-942-9929). Please inform us expected dates of the health checkup at first, second, and third. We will reply you the date as promptly as possible.





<Access to hospital>

[By car]

•From Sanyo expressway: Take Sanyo Enter exit and take a right turn on the first signal to Setocho direction. Stay on route 37 south for approximately 13km and take a right turn on 3 way intersection toward to Saidaiji JR station. At the intersection of Saidaiji JR station, take a left turn and go straight and stay on the road, the road curves widely to the right. Take a left turn on the first signal of the curve end,. You will see Okamura Isshindow Hospital on your left.

[From Okayama JR Station]

- From Okayama JR station, take a Akousen train for 20 minutes and get off at Saidaiji station. And take a taxi to the hospital, it takes approximately 5 minutes.
- •From Okayama JR Station, Take a taxi to Okamura Isshindow Hospital, it takes approximately 25 minutes.

【By airplane, Okayama airport】

- •From Okayama airport, take a taxi to hospital, approximately 60 minutes.
- From Okayama airport, take a airport shuttle bus to Okayama JR station, it takes approximately 30 minutes. From Okayama JR station, please refer to the information above.

1-7, 2-chome, Saidaiji-Minami, Okayama city, Okayama, 704-8117, Japan

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