Medical Pontino
Sanity of Quality

SERVICE CHARTER

Dear Reader,

The information contained in this document constitutes the 'Health Service Charter' of Medical Pontino S.r.l..

The service charter regulates the relationship between the customer and the company in accordance with the provisions of the Prime Ministerial Decree of 27 January 1994 ("Principles on the Provision of Public Services"), Legislative Decree No. 502 of 30 December 1992 (Art. 14 "Participation and Protection of Citizens' Rights") and the "National Protocol on the Health Service for New Charters of Citizens' Rights" (ed. 1995). The Health Service Charter is a document that protects the right to health and gives the customer the possibility of effective control over the services provided and their quality. The staff of Medical Pontino S.r.l., at the various levels of responsibility, participates in the quality of the Service in order to guarantee the reliability of the services provided and a courteous assistance that is always attentive to the customer's needs, at all stages of the relationship established.

Medical Pontino
Prevention & Health

PRESENTATION OF THE STRUCTURE AND GENERAL PRINCIPLES

The Medical Pontino S.r.l. is a medical centre that has been operating since 1980 under accreditation with the Regional Health System (S.S.R.), and in agreement with various Institutions, Professional Mutual Insurance Funds, Insurance Companies, Associations and Private Companies. The facility is located in Via Custoza, 3/B in Latina, on the corner with Corso Matteotti, telephone 0773/661234, fax 0773/665048.

USEFUL CONTACTS

Phone: 0773/661234 Fax:
0773/665048
E-mail :
amministrazione@medicalpontino.it
laboratori@medicalpontino.it
Certified e-mail:medicalpontino@pcert.it web:
info@medicalpontino.it
Facebook: Medical Pontino
Whatsapp/Telegram: 3441120265

Location of Medical Pontino Srl: see logo

Since its establishment, Medical Pontino has pursued the goal of providing its customers with state-of-the-art diagnostic techniques, both conceptually and technologically, guaranteeing a high quality product. Within the framework of the regional accreditation system, the Facility participates in the external quality control programme. The complex of services is guaranteed by the constant presence of graduate staff, graduate technical staff, and secretarial staff, all of whom work at different levels in the organisation. The human resources working in the Centre are selected on the basis of the specific skills possessed, the qualifications and/or work experience developed and the aptitude they demonstrate at the selection stage to acquire "the of work at Medical Pontino', which is evident from reading this document. Newly recruited staff are properly trained and periodically updated and checked. The graduate staff are registered with the relevant professional associations and the leading national scientific societies in the field. This enables them to keep up-to-date with the current legislation. The Medical Pontino promotes the culture that considers health as a legal and natural right, and adapts the organisation of its activities to this principle, accepting the recommendations made by the World Health Organisation, the European Union and other representative bodies.

DESCRIPTION OF THE FACILITY AND SERVICES PROVIDED

MEDICAL PONTINO S.r.l. operates in Latina on the ground floor of the building at Via Custoza 3, on the corner with Corso Matteotti. Medical Pontino moved to this new location in December 2008, after the premises were structured in accordance with the relevant regulations. We are therefore talking about a new facility developed and built to meet all the structural and organisational requirements identified in the Regional Law implementing the European law on Minimum and Additional Requirements for Public and Private Healthcare Facilities.

How to reach us:

From Piazza del Popolo, take Corso Matteotti in the direction of Latina Scalo.

Opening hours are on weekdays from 07.30 to 13.00 with reopening from 14.30 to 18.00 and on Saturdays from 07.30 to 12.00 (only the telephone switchboard until 13.00 on Saturdays).

During opening hours, all services can be accessed in accordance with the internal regulations. The available public transport is: Bus F/S to and from La- tina Scalo with a stop on Corso Matteotti immediately in front of the centre.

In the streets adjacent to and facing the Medical Pontino, parking is permitted on both sides.

In the foyer at the dedicated URP desk, all information on Medi- cal Pontino's activities can be requested (opening hours: Monday to Friday from 10.30 a.m. to 1 p.m. and 2.30 p.m. to 7.30 p.m.; Saturdays from 10.30 a.m. to 7.30 p.m.).
13.00).
Further information is available on the Medical Pontino website
www.medicalpontino.it
In any case, customers can obtain information from the reception staff during opening hours, Monday to Friday from 7.30 a.m. to 7.30 p.m. and Saturdays from 7.30 a.m. to 1 p.m., either by presenting themselves in person, or by telephone: tel. 0773 66 1234
fax 0773 66 5048
e-mail addressed to
amministrazione@medicalpontino.it. WhatsApp - Telegram at 3441120265
The information contained in the Service Charter and the list of examinations that can be carried out (with preparation instructions) are available at the centre. There is also an e-mail address to which requests for information, reports or complaints can be sent: amministrazione@medicalpontino.it.
By means of the switchboard or the reception staff, customers can be put in contact with those responsible for the various services.
The order of access to services is determined by the order of precedence dictated by arrival and registration at the centre.

Laboratory diagnostics services provided by MEDICAL PONTINO S.r.l. do not require booking, as samples are taken daily from 7.30 am to 10.30 am. In those rare exceptions where booking is necessary for technical reasons, the reception staff will inform the customer. It is possible to book blood samples at home by calling the reception staff. The appointment is normally scheduled for the following day. For services provided under accreditation with the
S.S.R. customers must submit the doctor's request and pay the co-pay fee (if due) directly at the reception desk upon registration. In the case of services for which a fee is charged (services not provided under the NHS accreditation scheme), the doctor's request should be presented, which will be returned to the customer together with the relevant receipt. Even in this case, the relevant payment is made at the time of registration. For services provided within the framework of agreements with organisations, professional health insurance funds, and insurance companies, the methods of access and payment are obviously those contemplated by the agreements themselves, and will be illustrated to customers by the reception staff during both the booking and registration phases. When a booking is made, in the face of any request for information, and always during the registration phase, the customer is given all the information regarding: the type of service, the day and time it is to be provided and any preparations to be carried out, the cost, the various administrative components regarding the use of direct payment, or under the system of accreditation with the National Health Service, with an indication of the relative costs. In the event of an enquiry or booking by telephone, more complex instructions can be sent to the client, where possible, by fax.

Withdrawal schedule

Sampling and sample collection are carried out Monday to Saturday from 07.30 to 10.30.

The results of instrumental and laboratory diagnostic examinations must be collected within 30 days from the date communicated for the collection of the reports (Lazio Regional Circular no. 45 of 28/07/1997); after this deadline, the User must pay the full cost of the services rendered, pursuant to paragraph 8, article 5, law no. 407 of 29 December 1990 and letter r), paragraph 796, article 1, law no. 296 of 27 December 2006, .

Reservations for a service are made, on non-holidays, in one of the following ways: by telephone from Monday to Friday from 10.30 a.m. to
1 p.m. and 2.30 p.m. to 7.30 p.m.; Saturdays from 10.30 a.m. to 13.00 on 0773.661234; by fax on
0773.665048;
by e-mail by writing to administration@ medicalpontino.it;
in person by appearing Monday to Friday from
10.30 a.m. to 7.30 p.m., Saturday 10.30 a.m. to 1.30 p.m.

IF THE USER CANNOT KEEP THE APPOINTMENT, HE/SHE MUST CANCEL IT AT LEAST 48 HOURS IN ADVANCE BY CALLING 0773.661234. THIS MAKES IT POSSIBLE: TO REDUCE WAITING LISTS
TO AVOID THE USER HAVING TO PAY THE COMPULSORY PARTICIPATION FEE FOR THE COST OF THE NON-CANCELLABLE SERVICE
REQUIRED BY LAW (Article 3 paragraph 15 Legislative Decree 124/98).

It is not necessary to present a doctor's request to make the booking. Please note, however, that in accordance with the Lazio Region Circular note prot. 5715/4° - 10°/321 of 22/01/2003, in order to access the service under the Regional Health Service regime, it is necessary to present the request filled out on the appropriate form by the prescribing doctor, which is valid for 1 year after the issue date. If the service has a waiting list longer than the period of validity of the prescription, this validity is to be considered extended until the service is actually provided.

Thanks to the selfless and professional contribution of a number of volunteers, Medical Pontino is also able to provide special forms of social assistance, which are specially authorised by the Health Department.
ASSOCIATION VALENTINA ONLUS
Cancer patient care,
via G.Reni c/o S.M.Goretti Hospital - Latina Tel. 0773/484877 (mornings only)
Cell. 335/6138863
E-mail: volontariatovalentina@yahoo.it

The contact details of the Codacons consumer rights association are also provided:
Latina Office
Head Dr. Massimo Cusumano
Single national number for appointments and consultations: 892.007
Via Bixio, 27 04100 Latina
tel/fax 0773.665757
E-mail:codacons.lt@email.it Office hours: Monday-Wednesday 16.30-18.30
Fridays 9.30-12.00

For further information, please contact the Public Relations Office .

The Medical Pontino staff can be recognised by their identification card, which shows the name and job title of the operator. In addition, the different colours identify the various professional profiles:

- colour Blue: doctors and branch technical directors
- colour Red: laboratory technician, radio technician, administrative staff; In addition to the above-mentioned professional figures, other workers with identification cards are on duty, such as
- Yellow: internal cleaning personnel.
- Green colour: administrative staff

Smoking is strictly prohibited in the enclosed rooms of the Medical Pontino. The following persons are responsible for enforcing this ban: medical directors. It is imperative for one's own and others' health that this ban is observed and enforced.

According to circular no. 2125/53 of 8 October 1998 of the Lazio Region's Health Protection and Care Department, a ban on the use of mobile telephones in healthcare facilities is compulsory; therefore, mobile phones must be switched off and used outside the operating units.

Pursuant to Law 626/94, Medical Pontino staff are trained to intervene to control fires and ensure the safety of users. The Medical Pontino has accident prevention and fire prevention regulations for use in the event of an emergency. It is important to read them. In the event of a risk situation (fire, smoke, power failure, earthquake, etc.):

- avoid any panic conditions;
- rely on and scrupulously follow the directives of the service staff;

Suitable free and paid parking spaces are available. Cars must be parked in the specific areas. Cars parked outside these spaces are subject to forcible removal.

Great attention has been paid to quality requirements and especially to health care.

The Staff

The administrative and healthcare staff assist and support the user during their stay in the facility in order to improve the service and functionality of the services provided.

Dissemination of information

Communication and dialogue qualify the relationship with the user and improve the efficiency of the services offered. In this regard, Medical Pontino periodically promotes the development of appropriate communication projects aimed at ensuring better dissemination and accessibility of information on the activities carried out and the services provided.

Complaints form

The complaint form is available at the URP (Public Relations Office).

Within five days of receipt of the file, the office shall carry out any investigation and prepare a response.

Degree of customer satisfaction

The user has the opportunity to fill in a questionnaire anonymously in which he or she can express a personal assessment of the centre regarding his or her degree of satisfaction. This form must be returned to the reception staff after using the service. The information gathered through this procedure makes it possible to draw up statistics thanks to which the functionality and quality of the services offered can be optimised and improved.

QUALITY STANDARDS, COMMITMENTS AND PROGRAMMES

COMMITMENTS AND PROGRAMMES

The Service Charter is the interface tool between the Pontine Medical Centre and the users. In this sense, its accomplishment is not only informative, but also gives them real power to control the quality of the services provided. In particular, the Pontine Medical

- adopts service quality standards;
- makes public the standards, as well as the commitments or improvement programmes they undertake in the short/ medium term, informing the User;
- verifies compliance with the standards and recognises the same right of verification;
- verifies the degree of User satisfaction;
- ensures that the user has the possibility to complain in all cases where it can be proved that the service rendered falls short of the stated standards, or that the guiding principles of the service charter and the user's own rights have been violated.

The quality standards, published and updated semi-annually, represent the result of the investments made by Medical Pontino over the years in the management of services and relations with users. They mainly concern the characteristics and methods of service delivery, with a focus on specific organisational aspects, which are more easily perceived by the user. In this way, the User can concretely interact with the structure for the satisfaction of health needs.
In 2004, Medical Pontino embarked on a path that led it to adopt a Quality Management System, first according to the standards defined by the UNI EN ISO 9001:2000 standard and, from July 2009, according to the new edition of the UNI EN ISO 9001:2008 standard, up to UNIENI ISO 9001:2015 certification in 2019.

PATH QUALITY FACTORS:

OF THE CUSTOMER

A) Reception
Staff are present at the entrance of the Centre to provide the necessary information on the general operation of the Centre and specific services. All staff who come into contact with clients are identifiable by their name badges, if the contact is for a specific purpose.
by telephone, all personnel are required, as instructed, to identify themselves by stating their personal details.
Waiting takes place in a special room with comfortable sofas. The toilets available to customers are distinguished, with appropriate signs, from those reserved for the Centre's staff. In the reception area, there is a sign indicating the person in charge of receiving any complaints and the time when they can be contacted.

Home withdrawals:
On request

Waiting rooms:
Seating on comfortable sofas commensurate with affiuenza

Permanence while waiting:
Room equipped with magazines

Reception staff:
Present during the entire opening period

Identification card:
Supplied to all staff

B) Reservations
Since booking is a tool to ensure access to services in due time, with full training on the operations to be performed and without loss of time, all staff are trained f o r this purpose and assume their responsibilities towards customers by identifying themselves by means of their identification card or by stating their personal details in the case of telephone communication.

Reservation service hours:

During the entire opening hours of the Centre: Monday to Friday 10:30 a.m. - 1 p.m. and 2:30 p.m. - 6 p.m., Saturday 10:30 a.m. - 1 p.m. (only
switchboard, the medical centre closes on Saturdays at 12)
Maximum waiting time at the counter:
10 minutes

Telephone booking possible:

For all services
The patient can phone us or send us a message on WhatsApp or Telegram asking to be contacted. Waiting time for a telephone call: Usually 15 seconds, maximum 1 minute
Information when booking:
For bookings made in person, there will be a reminder of the day, time and any preparation instructions for the booked service.
For telephone bookings, there is the possibility of sending the reminder by fax.

Time elapsing between booking and use of the service:

The waiting time depends on the type of service and the list of bookings already made. The centre always tries not to exceed a week's waiting time on any service.
Reservation for withdrawals:
Possible.

C) Performing sampling

Services are rendered with the utmost respect for ethical standards. The behaviour of the staff and the organisation of the premises safeguard the right to confidentiality. The organisation of working hours and work, as well as the structure, avoids unnecessary waste of time.

Withdrawal schedule

Sampling and sample collection are carried out Monday to Saturday from 07.30 to 10.30.
Waiting time for the service to be
performed: 10 - 15 minutes.

Confidentiality:
It is forbidden for laboratory staff to enter during the course of the activity, except at the express request of the operator engaged at the time.

D) Collection of reports

The reports must be delivered by the deadline given to the customer at the time of acceptance, in accordance with the law ('privacy' law). It is necessary to produce the reminder, delivered at registration. The receipt of the acceptance list, handed in at the time of service, duly signed, is valid as a deed for the collection of reports.
In the event of delays, the customer will always be notified promptly. At the customer's request, reports can be delivered by post. The laboratory and the facility ensure home delivery of the report for people in need.
Report collection hours:
From the day and time indicated on the receipt, the customer or a proxy may collect the reports. Web consultation or emailing of the patient is also available, all while respecting privacy by encrypting the sent files. The method of receiving the report is at the patient's choice. The person in charge at the reception desk will provide all instructions on how to read the report. On the days following the first one, examinations can be collected at the following times: Monday to Friday from 10.30 a.m. to 1 p.m. and 2.30 p.m. to 6 p.m., Saturday from 10.30 a.m. to 12 p.m. (with the C entrlaino it is possible to book until 1 p.m. on Saturdays).
Postal delivery:
On request upon acceptance of examinations. Waiting time for report collection:
From a minimum of a few hours to a maximum of 7 working days (depending on the examinations required).

E) Reporting and customer complaints

The collection of customer reports and complaints is considered an indispensable activity for the high maintenance of standards and commitments. Throughout opening hours, at least one officer of the centre is present to remove reported malfunctions or to ensure that complaints receive appropriate responses.
Reporting is facilitated by filling in the Customer Satisfaction Assessment Questionnaire available to customers in the waiting areas and well signposted by means of posters, displayed in the premises open to the public, indicating the name of the Customer Relations Officers (U.R.P.).
Presence of public relations staff: During opening hours. Information material: Available in the waiting room.
On the web at any time, via a special section, you can send a complaint directly to the Medical Pontino Complaints Office. The person in charge will read it to the Management.

F) Hygiene

The premises and equipment are disinfected and/or sterilised to prevent damage to customers and operators. Only disposable, disposable material is used when taking samples. The premises and sanitary facilities, which are equipped with all necessary accessories, are kept in a hygienic and clean condition at all times.
Maximum time for waste removal on public premises:
Daily service. Use of disposable
material:
For laboratory samples, performing clinical analyses, Radiology, Ultrasound, Magnetic Resonance Imaging, Orthopanoramics, MOC, Outpatient Clinic, Aesthetic Medicine.
Toilet facilities:
Liquid soap dispensers and paper dispensers constantly replenished.

G) Accident prevention

Accident prevention safety conditions are guaranteed by scrupulous compliance with national regulations, with particular reference to DL 626/94 and subsequent amendments. All staff are informed about the content of the safety and evacuation plans and their updates. Posters clearly indicate the risks and prohibitions to be observed in the waiting and pick-up areas.
In accordance with legal requirements, the Facility is subject to periodic inspections of legal and operational requirements; escape routes and doors are kept free of any obstructions.
Verification of electrical installations:
Every five years. Escape routes: Constant.
Safety signs:
In all places where there is a possibility of risk.

H) Data security (PRIVACY)

The Laboratory ensures full compliance with the regulations issued by the Privacy Guarantor with Legislative Decree 196/2003 and subsequent amendments, and the GDPR EU Regulation 2016/679. In particular, in accordance with Art. 76, it guarantees, at the time of acceptance, respect for the Client's privacy and informs him in writing about this. Consent is requested for the use of personal data for the purpose of the activity. In the event of refusal, the service cannot be provided.
As a fundamental compliance with Legislative Decree 196/03, the laboratory has a Security Planning Document, which describes all the measures taken to guarantee the storage of data and their inaccessibility by unauthorised persons.

PROTECTION AND VERIFICATION MECHANISMS

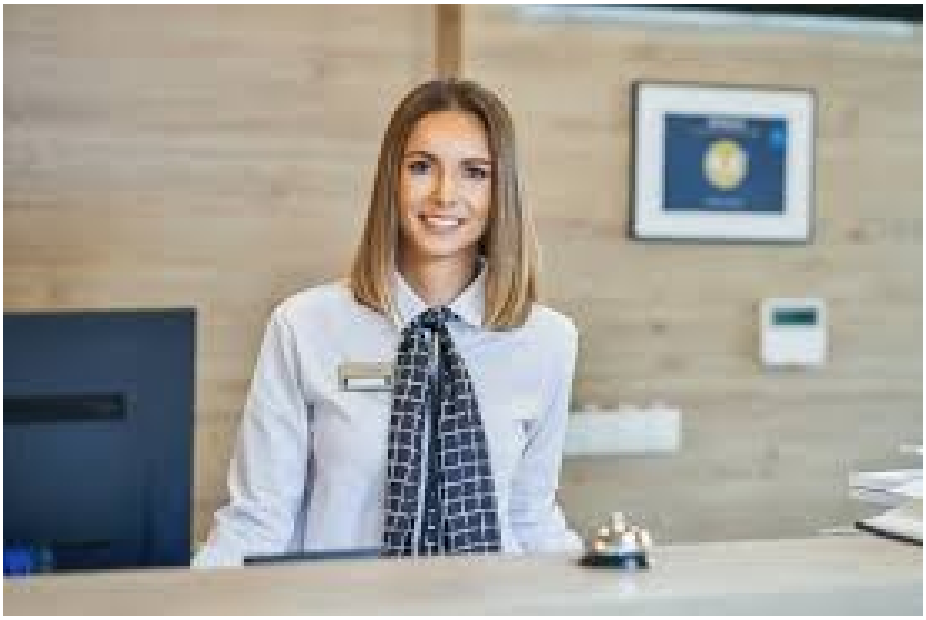
The "STANDARDS" set out in this Service Charter represent MEDICAL PON- TINO S.r.l.'s commitment to its customers. However, they are of little relevance if the company has no instruments in place to constantly check t h a t they are being maintained and if the instruments that customers can use to enforce the commitments when they are not met have not been clearly defined and prepared for implementation. In the light also of the provisions of the Prime Ministerial Decree of 19/5/95, Medical Pontino has identified the following mechanisms for customer protection and internal verification:
public information,
public relations, monitoring of
services.

A) Public Information
The content of this document must be brought to the attention of all customers so that the "standards" we guarantee are clear to all. The document is available to all in our waiting room for easy reference, including all necessary attachments. A summary edition of the Service Charter is available to all customers at the reception desk.

B) Public Relations
The presence in the Facility of "responsible persons" such as the Chief Executive Officer, the Medical Director, the Laboratory Director, the Director in charge of Radiology, the Director in charge of Magnetic Resonance Imaging and the Public Relations Officer allows the Customer to always find a contact person to whom he or she can address his or her concerns.

suggestions or proposals, report dysfunctions, raise complaints or grievances and be certain to always find a response that is not only appropriate but also decisive as it comes from an authorised person who is able to take the appropriate decisions.
To this end, posters displayed to the public contain the names of the people within the company who are responsible for receiving and resolving suggestions and/or complaints from the public. In the light of the extracts from the customer relations, but also by specific mandate, the same above-mentioned persons have the task of conducting periodic checks and staff meetings on compliance with the contents of the Service Charter. It should be noted that any complaints made by the client, especially in cases concerning professional ethics, are more important if they are made in writing.
The best tools for monitoring the maintenance of the guaranteed and achieved quality standards are the public questionnaire with the request for subjective judgments (carefully and constantly assessed in the company) and the cataloguing and processing of all types of reporting activities (suggestions, complaints) in any form from customers. By means of internal detection systems, we are able to monitor waiting times for services in order to be able to intervene if declared standards are not met. Finally, we believe that the accreditation and certification 'procedures', which we are starting to undergo, will also serve in the future as a very important monitoring of the maintenance of the quality standards contained in our Service Charter.

ACCESS AND BOOKING



Acceptance

Laboratory services provided by Medical Ponti- no reservations are required, as samples are taken on a daily basis. In those rare exceptions, which for technical reasons must be booked, the reception staff will inform the customer. (Prenatal and molecular biology tests whose sample delivery must be arranged). The Medical Pontino has a home collection service by appointment, which is arranged by the reception s t a f f .
For services under accreditation with the National Health Service, customers must produce the doctor's request and pay the co-payment (if due) and the eventual cost of analyses that are not included in the regional list, directly at the reception desk upon registration. The ticket is capped at 40.15 Euro per prescription (pink prescription). For services provided within the framework of agreements with organisations, professional health insurance funds, and insurance companies, the methods of access and payment are obviously those contemplated by the agreements themselves, and will be carefully explained to customers by the reception staff both during booking and registration. When making a reservation, at the time of any request for information and in any case

During the registration process, the client is informed about the type of service, the day and time of the service and any preparations to be made, the cost, and the various administrative components (service only available for direct payment, service also available under accreditation with the National Health Service, with an indication of the costs). In the event of an enquiry or telephone booking, more complex instructions can be sent to the customer, where possible, via WhatsApp, Telegram or e-mail.

Collection Room

General rules for blood sampling and culture tests. In order to take a proper blood sample, you should normally have been fasting since the previous evening, taking care not to eat a meal outside of your norm and not prolonging any alcohol intake outside of the meal.
Drugs and water can be taken safely up to the time of sampling. In the case of tests (e.g. 'prothrombin time or PT') carried out to check drug therapies, it is advisable to always carry out the required tests under the same conditions: e.g. in the case of drugs to be taken in alternating dosages (once half a tablet and once the whole tablet) always carry out the test after the same intake.
Antibiotics are the only drugs that may not be used in bacteriological tests (culture tests such as urine culture, pharyngeal swab, vaginal swab and other tests), as antibiotics, by inhibiting bacterial growth through their presence, would distort the results of these tests. These types of tests can be reliably performed at least 8 to 10 days after discontinuation of the drug itself.

24-hour urine collection.

Some laboratory tests (uricuria, creatinine clearance, sodiuria, potassiuria and others) require the prior collection of 24-hour urine, and very often this collection is not carried out correctly. To make the method of collection clearer, pay attention to the following example: if you start urine collection on Sunday morning, you must, as soon as you get up, urinate and DO NOT COLLECT this urine; from then on, all the urine that will be discharged, throughout the day on Sunday and the night, must be collected in a suitable container (can also be bought in a pharmacy) without omitting any collection and including the Monday morning urine as soon as you get up. The correct collection of 24-hour urine is crucial for a good test result as the quantity of urine will also determine the outcome.

Diagnostic Laboratory Services in Clinical Chemistry, Enzyme and Microbiology (bacteriology) :
BILIARY ACIDS
ALANINE AMINOTRANSFERASE (ALT) (GPT) -
ALBUMINE [S/U/dU].
ALDOLASIS [S]
ALPHA AMYLASE
[S/U] AMMONIUM [P]
ANTI-ERITROCITIS ANTIBODIES [Coombs test indirect]
FUNCTIONAL ANTITHROMBIN III
APOLIPOPROTEIN A APOLIPOPROTEIN B
ASPARTATE AMINOTRANSFERASE (AST) (GOT) [S].
ANTI-ERITROCITIVE AUTOANTICORPIES [Co- test direct ombs] TOTAL
BILIRUBIN
TOTAL AND FRACTIONAL CALCIUM
BILIRUBIN [S/U/dU].
CHLORIDE BASIC CHEMICAL
EXAMINATION CALCULATIONS
[S/U/dU].
HDL CHOLESTEROL LDL
CHOLESTEROL TOTAL
CHOLESTEROL CHOLINESTERASE
(PSEUDO-CHE)
COMPLEMENT: C1Q, C3, C3 ATT., C4 (Each)
- CREA- TINKINASE (CPK or CK) CREATINKINASE ISOENZYME MB (CK-MB) - CREATI- NINA
[S/U/dU/La]
CREATININE CLEARANCE
CRYOGLOBULIN RESEARCH
D-DIMER (Latex test)
HEMOCROMO: Hb, GR, GB, HCT, PLT, IND. DERIV, F.L.
EOSINOFILE (Count)[Alb]
REUMATOID FACTOR
FAECES CHEMICAL AND MICROSCOPIC
EXAMINATION IRON [S]
FIBRIN/ FIBRINOGEN [S/U] FIBRINOGEN
FUNCTIONAL ACID PHOSPHATASE
PROSTATIC PHOSPHATASE (PAP)
PHOSPHORUS
FRUTTOSAMINE (GLYCATE PROTEINS) [S]
GLUTAMYL TRANSPEPTIDASE RANGE (GT RANGE)

GLUCOSY (Loading curve 3 determinations)
GLUCOSY (Loading curve 6 determinations)
GLUCOSY [S/P/U/dU/La].
GLUCOSIO 6 PHOSPHATE DEHYDROGENASE (G6PDH) [(Sg)Er].
CORIONIC GONADOTROPIN (Immunological pregnancy test) Hb -
HEMOGLOBIN A2
Hb - GLICATED HEMOGLOBINE
Hb - ANOMAL HEMOGLOBINS (HbS, HbD, HbH, etc.)
HELICOBACTER PYLORI ANTICORPI (E.I.A.) - HYDROS- SIPROLIN [U] IMMUNOGLOBULINE IgA, IgG or IgM (each)
IMMUNOGLOBULINS: KAPPA AND LAMBDA CHAINS [S/U] LACTATE
DEHYDROGENASE (LDH) [W/F]
LIPASIS [S]
LISTERIA MONOCYTOGENES ANTIBODIES
LITHIUM [P].
TOTAL MAGNESIUM [S/U/dU/(Sg)Er]
MICROALBUMINURIA
PLASTRINE (Count) [(Sg)] POTASSIUM
[S/U/dU/(Sg)Er]
REACTIVE PROTEIN C (Quantitative)
PROTEINS (ELECTROPHORESIS) [S] PROTEINS [S/U/dU/La] WAALER
ROSE REACTION
OSMOTIC RESISTANCE ERYTHROCYTES
RETICULOCYTES
SALMONELLAE AND BRUCELLAE ANTIBODIES
[WIDAL- WRIGHT].
SODIUM [S/U/dU/(Sg)Er]
STREPTOCOCCUS ANTI-STREPTOL ANTIBODIES- NA-O [T.A.S.]
PROTHROMBIN TIME (PT)
PARTIAL THROMBOPLASTIN TIME (PTT)
TINE TEST (Skin reaction to turbeculin)
TRANSFERRINE (Iron-binding capacity)
TREPONEMA PALLIDUM ANTIBODIES [TPHA] - TREPO- NEMA PALLIDUM ANTIBODIES TO CAR- DIOLIPIN [VDRL]
TRICHOMONAS VAGINALIS COLTURAL EXAMINATION - TRI- URATE
GLYCERIDES [S/U/dU].
UREA [S/P/U/dU].
URINE PHYSICAL-CHEMICAL AND MICROSCOPIC
EXAMINATION SEDIMENTATION RATE OF HAEMATOLOGY
(ESR) 11 DEOXYCORTISOL
17 ALPHA HYDROXYPROGESTERONE (17 OH-P)
VALPROIC ACID
ALFA 1 FETOPROTEIN [S/La/Alb]
ANTI-TYREOPEROXIDASE (AbTPO)
ANTI-TYREOGLOBULIN ANTICORPIES (AbTg)
CARBOHYDRATE ANTIGEN 125 (CA 125)
CARBOHYDRATE ANTIGEN 15.3 (CA 15.3)
CARBOHYDRATE ANTIGEN 19.9 (CA 19.9)
CARBOHYDRATE ANTIGEN 72-4 (CA 72-4)
CARCINOEMBRYONIC ANTIGEN (CEA)
PROSTATE SPECIFIC ANTIGEN (PSA) ANTI TSH
RECEPTOR
BETA2 MICROGLOBULIN [S/U]

HEPATITIS C VIRUS [HCV] QUALITATIVE ANALYSIS OF HCV RNA
HEPATITIS C VIRUS [HCV] QUANTITATIVE ANALYSIS OF HCV RNA
HEPATITIS C VIRUS [HCV] ANTIBODIES
VIRUS EPATITES C [HCV] GENOME TYPING VIRUS
EPSTEIN BARR [EBV] ANTIBODIES (EA or EBNA or VCA) (E.I.A.)
VIRUS HERPES SIMPLEX (TYPE 1 or 2) ANTICORPI VIRUS
IMMUNODEF. ACQUIRED [HIV] Analysis Quali-
tati- va of RNA
VIRUS IMMUNODEF. ACQUIRED [HIV] QUANT. OF RNA
VIRUS IMMUNODEF. ACQUIRED [HIV 1-2] ANTIBODY

LACTOSE BREATH TEST

It is a rapid, simple, reproducible and cost-effective method for diagnosing lactose intolerance.
The principle of the method is based on the fact that normally, in the presence of lactase, lactose (a disaccharide, i.e. made up of two sugar molecules joined together) is broken down in the small intestine into glucose and galactose, two monosaccharides (simple sugars) that are rapidly absorbed by the intestinal mucosa, without significant production of hydrogen. When there is a lactase deficiency, the lactose arrives undigested in the colon where the intestinal bacterial flora subjects it to fermentation reactions with significant production of hydrogen, methane and carbon dioxide. These gases are absorbed into the blood and a part is exhaled from the lungs. The Lactose Breath Test measures precisely the amount of hydrogen that is exhaled before and after the administration of lactose, thus making it possible to detect the lactase deficiency responsible for intolerance.

GLUCOSE INTOLERANCE

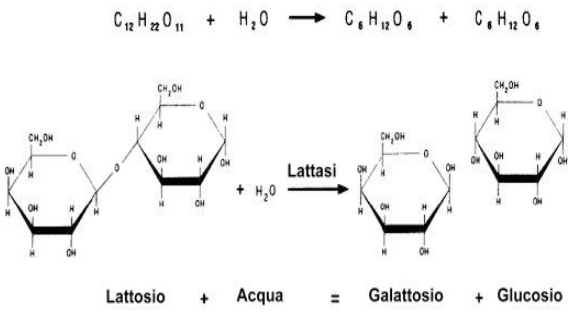
H2 Breath Test for the determination of intestinal bacterial contamination
The fermentation of carbohydrates (sugars) by intestinal bacteria produces water, fatty acids and gases, including carbon dioxide (CO2), hydrogen (H2) and methane; in particular, methane and hydrogen are produced exclusively by bacteria and the excretion of these gases in the human organism following the administration of a substrate indicates that it has been exposed to the intestinal microflora. H2 breath tests are based on this principle. Specifically, after administration of a suitable substrate, the concentration in parts per million (ppm) of H2 in the patient's breath is measured by gas chromatography.
Normally, the small intestine has very little bacterial flora, which means it cannot ferment any sugar. However, under certain conditions (blind loop after intestinal surgery, digi- nal diverticula, stagnation above phlogistic stenosis, scarring or neoplastic diseases, chronic internal inflammatory diseases...) there is an increase in the bacterial flora in some treatments, which ferments the carbohydrates in the diet to such a level, causing nausea, borborygmus, me- thorism, abdominal pain, weight loss, asthenia, anaemia and diarrhoea. Bacterial overgrowth in the small intestine is also manifested in a condition that is not strictly pathological, as presented by the chronic intake of potent gastric antisecretives, such as Omeprazole: in this case, bacterial contamination is not associated with malabsorption of fats or carbohydrates.
WHAT IS THE TEST FOR?
The glucose test is used to diagnose intestinal malabsorption. Glucose is absorbed normally from the small intestine, where, however, if bacteria are present, there will be fermentation of glucose with production of hydrogen: thus, increased excretion of H2 may indirectly give us a sign of malabsorption.

WHAT ARE THE SYMPTOMS?

Nausea, bloating, meteorism, coli- abdominal pain, weight loss, asthenia, anaemia, diarrhoea.

WHAT THE TEST CONSISTS OF

The test takes about two hours and consists of drinking a sugar-water solution and blowing several times into a bag. During the entire duration of the test, the patient must remain in the laboratory and may not drink, smoke or eat.



It is a rapid, simple, reproducible and inexpensive method that detects the presence of Heli- cobacter pylori in the gastric mucosa by exploiting the urea activity of the germ.
It is generally performed in the morning, after fasting for at least six hours.
A small sachet of sodium citrate is administered to the patient and after 10 minutes an initial sample of exhaled air is collected by blowing into a test tube. A small Urea-C13 tablet is then administered to the patient and a new sample of exhaled air is collected in another tube after approximately 30 minutes.
Urea, in the presence of Helicobacter urease, is broken down into ammonia and carbon dioxide, which, after being absorbed, passes into the circulation and is eliminated with the breath and measured with a mass spectrometer. The amount of CO2 exhaled will be greater than the norm.

in patients with H. pylori infection.
The sensitivity and specificity of the test are close to 100%.
The safety of stable isotopes allows both children and pregnant women to undergo this test. For these reasons, the Urea Breath Test according to the recommendations of the European Study Group on the
Helicobacter pylori, is the ideal method for eradication and determining the infection status in patients with recurring symptoms after anti-He- licobacter treatment.
False-negative results may occur if the test is carried out earlier than four weeks after cessation of eradicant treatment or if the patient has recently taken drugs capable of reducing the ureasic activity of Hp (antisecretors). In these cases, a negative test may mean only a temporary inhibition of the bacterium (clearance) and not complete elimination (eradication).

WHAT THE TEST CONSISTS OF

The test lasts approximately 60 minutes and consists of blowing several times into a bag. During the entire duration of the test, the patient must remain in the laboratory and may not drink, smoke or eat.

PERFORMANCE SPECIALISED

The Medical Pontino operates under accreditation with the National Health Service, with both the analysis laboratory and radiology, and in con- vention with professional health insurance bodies and health insurance funds, in direct contact with the citizens concerned. Our aim is to provide the customer with state-of-the-art diagnostic techniques, already validated and supported by the international scientific community, to guarantee product quality. In addition, we offer diagnostic packages for specific pathologies complete with diagnostic investigations and specialist consultations.

The outpatient clinic provides specialist services to external users on a private basis and is accessible for direct payment. The following specialities are currently available:
Allergology
Angiology (arterial and venous Dopplersonography, Transcranial Dop- pler, Doppler Echo)
Cardiology (ECG, Echocardiogram, Holter)
Dermatology (CO2 Laser, Laser.....)
Haematology
Endocrinology
Gastroenterology
Geriatrics
Tropical infectious diseases
Occupational medicine
Aesthetic medicine Internal
medicine
Preventive Medicine (Dietology, Check-ups)
Neurophysiopathology (Electromyography)
Neurology
Adult Neuropsychology
Orthopaedics and
Traumatology Obstetrics and
Gynaecology Otolaryngology
Licence Renewal
Urology (Urodynamics, U r o l o g i c a l Endoscopy, Urological Ultrasound)

Allergology

is a branch of medicine that deals with the prevention, diagnosis and treatment of allergies, immune disorders characterised by hypersensitivity to certain substances, and related diseases. For obvious reasons, the doctor's competences are also in the field of immunology.

Cardiology

cardiology is a branch of medicine that deals with the study, diagnosis and treatment (pharmacological and/or invasive) of acquired or congenital cardiovascular diseases.cardiology is a discipline that has evolved a great deal in recent years and within it, specialities such as haemodynamics and electrophysiology have developed.

Angiology

A term of Greek origin meaning the study of vessels, like its English-speaking synonym Vascular Medicine, is the medical speciality dealing with the prevention, diagnosis, therapy and rehabilitation of vascular diseases (diseases of the arteries, veins and lymphatic vessels) in the non-surgical phase of their natural history.
It deals not only with the diagnostic aspect, which is nowadays highly reliable thanks to first-class technologies, but also and above all with treatment.

The vast majority of patients with vascular pathology are followed on an outpatient basis, by means of planned check-ups in accordance with precise diagnostic and therapeutic paths, and in order to achieve maximum effectiveness, it is important that the check-ups are not limited to instrumental examinations, but also include a thorough clinical evaluation (combining the request for a special visit with the request for instrumental examinations).

Dermatology

(from the Greek derma, skin) is the branch of medicine that deals with the skin and related tissues (hair, un- glands, sweat glands, etc.). A doctor specialising in dermatology is a dermatologist. Dermatologists specialise in the diagnosis and treatment of diseases and tumours of the skin and its adnexa. The first treatise on dermatology, De morbis cutaneis, is attributed to the doctor from Forlì, Girolamo Mercuriali.
The skin is the largest organ of the body and obviously the most visible. Although some derma- tological diseases affect only the skin, many others are the manifestation of a systemic disorder, i.e. affecting several tissues or organs of the body. Consequently, the training of the dermatologist must include rheumatology (many rheumatic disorders may manifest themselves with signs and symptoms in the skin), immunology, neurology (e.g. 'neurocutaneous syndromes' such as neurofibromatosis and tuberous sclerosis), infectious diseases and endocrinology. The study of genetics is becoming progressively more important.

Dietetics

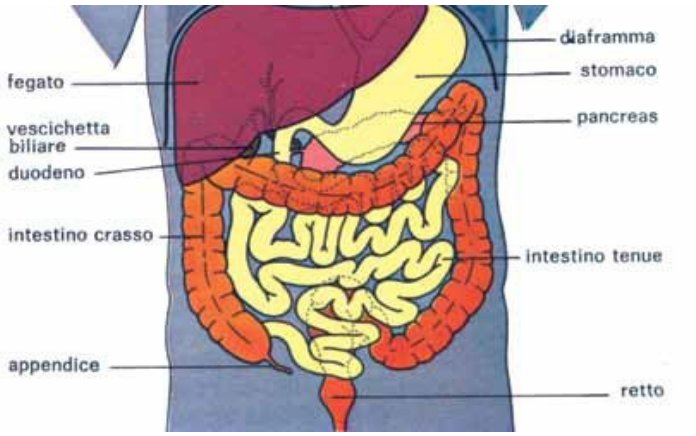
sometimes referred to as dietology, is a branch of nutrition science that studies the effects of food on the body's metabolic processes, including its digestive impli- cations.
In addition, it searches for the most suitable food rations for the individual, taking into account his or her physiological and/or pathological characteristics, in order to ensure the best possible state of health.
The ultimate goal of this practice is the formulation of a diet and lifestyle regime, adapted to the individual's situation (pathological and non-pathological), based on pli- cometric, bioimpedance and body mass index criteria.

Haematology

The haematologist studies the causes, diagnosis, treatment, prognosis and prevention of blood diseases. The study of blood diseases is closely related to the study of clinical malignancies such as leukaemias and lymphomas. The interdisciplinary field that deals with these clinical forms is called oncohaematology.
Other areas of haematology include:
the study of red blood cell and iron metabolic diseases (anaemias and polycythaemias)
blood coagulation and its disorders such as haemophilia and purpura
haemoglobin defects (haemoglobinopathies)
the study of transfusion and transfusion techniques the study of bone marrow and bone marrow transplantation.

Endocrinology

is that part of medicine that studies internally secreting glands, i.e. those whose products are directly released into the bloodstream. These products are called hormones.



Gastroenterology

is specifically the study of diseases that treat the gastrointestinal tract. It is a branch of medicine, the specialist of which is called a gastroenterologist. He studies the affected organs mainly by means of endoscopic procedures with which he diagnoses and subsequently treats these diseases.

Geriatrics

Gerontology is a medical discipline that studies diseases occurring in the elderly and their disabling consequences, with the fundamental goal of delaying functional and mental decline, while maintaining self-sufficiency and the highest possible quality of life. Gerontology is a branch of geriatrics that seeks to identify the biological mechanisms of ageing and senescence, as well as the social and psychological aspects that occur in old age, and that are able to directly influence the health status and the onset of diseases typical of the elderly person. The geriatrician is the physician who operates with the knowledge provided by gerontology in mind; the term 'gerontologist physician' is not uncommon.

Occupational medicine is the branch of medicine that deals with the prevention, diagnosis and treatment of illnesses caused by work activities. The occupational physician has particular expertise in identifying symptoms caused by a worker's exposure to:

chemical agents, such as acids, strong bases or pe- ricous substances in general, which come into contact with the various systems, particularly the respiratory, digestive and integumentary systems, and the repercussions on the nervous system; airborne substances of variable intrinsic toxicity, which, however, can have various consequences when inhaled. These substances are first asbestos fibres, which cause asbestosis, then coal dust (a rare occurrence nowadays).

physical agents, such as ionising or non-ionising radiation of varying energy, in particular ultraviolet, X-rays, gamma rays, noise, vibrations, microclimate.

biological agents: bacteria, viruses, parasites.

psychosocial risk factors: work-related stress.

Every company or employer, after carrying out the Risk Assessment required by Legislative Decree 81/08 (the so-called 'Occupational Health and Safety Consolidation Act'), if there are risks for which Health Surveillance is required by law, must appoint a Medical Officer. This role can be performed by occupational medicine specialists and doctors authorised under Article 55 of Legislative Decree 277/91 (now repealed). Specialist Doctors in Hygiene and Preventive Medicine or Legal and Insurance Medicine can also take on this role, but only after a specific postgraduate course. The employer can choose between three options (Art. 39 of Legislative Decree 81/08).

Aesthetic medicine

is a branch of dermatology that deals with correcting or eliminating blemishes on the face or body without resorting to surgery, but rather through a series of minimally invasive treatments that allow a resumption of normal activities in a short time.
The imperfections that aesthetic medicine deals with may be congenital or acquired over the years, e.g. due to ageing or lifestyle.
The imperfections and pathologies that aesthetic medicine mainly deals with are:
acne in active or scarring phase
acne rosacea and couperose
localised adiposity
alopecia
angioma
cellulite o panniculopathy oedematofibrosclerotic (P.E.F.S.)
hypermelanosis and
hypomelanosis hyperhidrosis and
bromidrosis hypertrichosis and
hirsutism lipoatrophy
wrinkles and furrows as a result of facial expressions
wrinkles and furrows as a result of a general ageing of the skin, sometimes accompanied by sagging of the profile
overweight
stretch
marks
tattoos
telangiectasias and reticular veins

Internal medicine (next to surgery and dia- gnostics) is a predominantly therapeutic branch of human medicine. The term internal medicine was first used in 1839 at the Congress of Italian Scientists in Pisa to distinguish it from external medicine, surgery. It deals with:
Prevention
Diagnosis
Non-surgical therapy
of all 'internal' organs and systems such as:

respiratory system: Pneumology
cardiovascular system Cardiology digestive system: Gastroenterology kidney: Nephrology
blood and haemopoietic organs: haematology
metabolic system
endocrine system: Endocrinology in addition to:
infectious diseases Infectious diseases
allergic and immunological diseases: Clinical Immunolo- gy, Allergology
diseases of the musculoskeletal system and connective tissue: Rheumatology

is based on the study and treatment of tropical and subtropical diseases, which by their nature have peculiar characteristics and their distribution is usually determined by climatic factors as well as naturally by social and economic conditions resulting in a high prevalence of poverty. The climate defines extremely favourable ecological niches that allow certain parasites, microorganisms and vectors to live and reproduce.

Orthopaedics

is the surgical discipline relating to the treatment of disorders of the locomotor system. The current scope of orthopaedics includes: prevention and treatment of congenital and acquired malformations of the locomotor system;
the diagnosis and treatment of a long series of diseases that are localised in the organs of support and movement, i.e. the spine and limbs; traumatology, which has become an integral part of orthopaedics and has grown enormously in recent decades as a result of the increased pace of life.
also takes care of the feet.
This has greatly expanded the scientific and technical heritage of orthopaedics, with the consequent emergence of super-specialities with operational autonomy, such as hand surgery, spine surgery, etc.

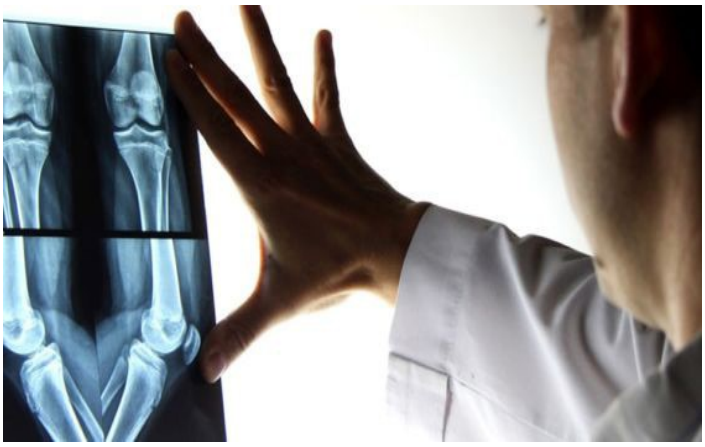
L

is the branch of medicine that studies the pathologies inherent in the CNS/Central Nervous System (brain, cerebellum, brainstem and spinal cord); the Peripheral Somatic System (spinal roots and ganglia, nerve plexuses and nerve trunks) and the SNA/Peripheral Autonomic Nervous System (sympathetic and parasympathetic ganglia, extravisceral and intravisceral plexuses).

Electromyography (EMG)

is a neurophysiological method
used to study the peripheral nervous system (SNP) from a functional point of view. It represents a reliable method capable of giving information
on the functionality of peripheral nerves and skeletal muscles. Electromyography is an indispensable means to further the diagnosis, especially when the site of injury, extent and type of injury are unclear.
The examination is performed
for: carpal tunnel syndrome;
lumbosciatica;
cervicobrachialgia; peripheral
neuropathy; diabetic
neuropathy; muscle diseases.

Traumatology



is a branch of orthopaedics, which deals with the application of appropriate therapies (normally, emergency therapies) to people suffering from acute trauma, usually from road, domestic or work accidents, or from stab or gunshot wounds. Trauma is the most frequent cause of death in individuals under 30 years of age and is the fourth most common cause of death in the population as a whole.

Obstetrics

is a specialisation of medicine that deals with the care of women during pregnancy, childbirth and the puerperium. It studies the normal changes that occur within the female body during the nine months of pregnancy, during the childbirth phases and during the puerperium, the immediate postnatal period. It also deals with all pathological conditions that may arise in the mother and the feto-placental system. Midwifery basically relies on two professional figures: the doctor specialising in obstetrics and gynaecology and the professional figure of the midwife, a profession that specialises in caring for women before, during and immediately after childbirth and provides them with all-round care.
It is not a clear-cut division: a woman can be examined by a gynaecologist (the WHO recommends one visit per trimester) and also by an obstetrician. From a deontological point of view, the doctor, as such, follows the pathology; the obstetrician, on the other hand, is the expert in physiology. From a linguistic point of view, a clarification must be made: when one speaks of obstetrician (in the masculine form) in Italian, one means the obstetrician specialising in obstetrics and gynaecology, whereas (partly erroneously) when one speaks of midwife, one means the former midwife, who nowadays also involves male figures.

Gynaecology

is a branch of medicine that sometimes deals with the physiology, but especially with the pathology inherent in the female genital apparatus. It is the correspondent of andrology, the science that deals instead with the physiology and dysfunctions of the male reproductive and urogenital apparatus. The professional figure of the doctor specialising in gynaecology and obstetrics, who cares for women in all age groups, from puberty, in the fertile period, through menopause and post-menopause. Gynaecology also deals with problems related to the reproductive sphere and assisted fertilisation techniques.

Otolaryngology

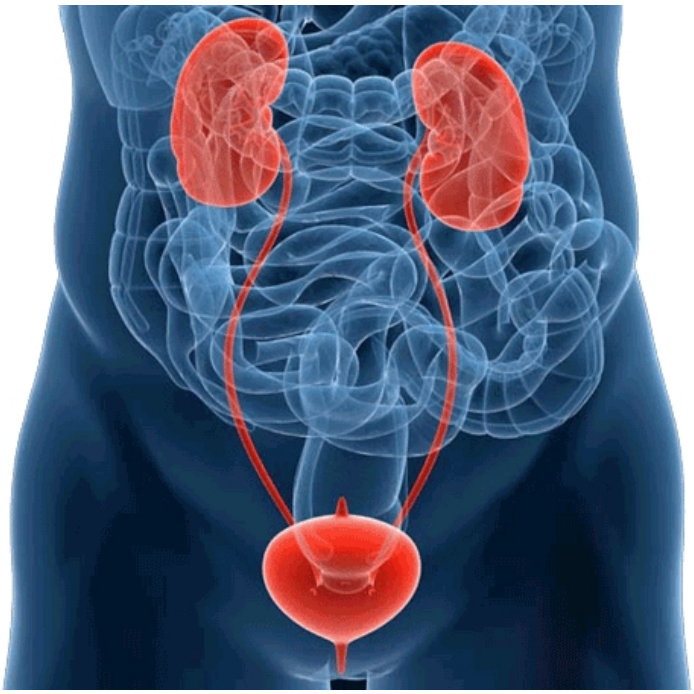
is the specialised surgical discipline that deals with the medical and surgical treatment of diseases of the eye, nose, throat and other related structures of the head and neck, including the surgical treatment of the thyroid and parathyroid glands, as well as the medical and surgical treatment of the tonsils and parotid gland, the largest salivary gland.
Although the different parts appear unrelated, it is common for them to be jointly affected by the same pathological process, be it infectious, tumour, trauma or other, so they are treated by a single specialist. It is for this reason that the otorhinolaryngologist also treats pathologies of the facial nerve, which follows its own anatomical course in the regions mentioned above.

The otorhinolaryngologist is therefore the surgeon of reference for operations concerning not only the anatomical triad of the ear, nose and larynx, but also the cervico-facial district and the basic skull in general. The term is derived directly from the Greek ὠτορινολαρυγγολογία, which stands for the study of the ear, nose and larynx respectively.

Urology

is a specialist medical and surgical branch that deals with diseases of the genito- urinary system, i.e. kidneys, ureters, bladder, prostate and external male genitalia. For males, a series of periodic check-ups should be performed, depending on the age of the patient: at birth, the neonatologist and paediatrician should ascertain that the location of the testicles is in the scrotum and that the outlet of the urethral meatus is normally at the top of the glans and not in an abnormal position (hypo- or epispadias);
at two years of age, an examination of the region between the in- gui- ne and the scrotum, to detect hydrocele, hernia, retained high testes;
in paediatric age, for urinary disorders related to this age;
between the ages of 8 and 10, in particular for varicocele, more frequent in the left testicle, which could create infertility problems;
between the ages of 16-20 years, for short frenulum, deviated penis on its main axis (griposis) and male genetic abnormalities;
between 20 and 30, to assess andrological disorders, such as premature ejaculation;
between 40 and 50, control of the total and free prostate antigen (PSA) in the blood, urolo- gical prostate control every 12 months, in particular if the prostate is in the blood.

have relatives with prostate cancer, a sign of a possible genetic predisposition.



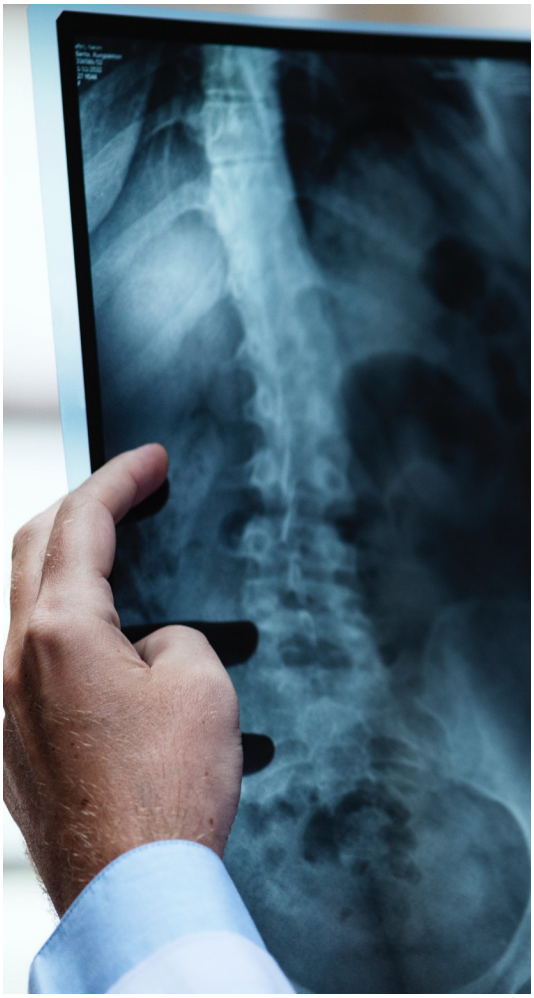
Driving licence renewal

Interested should present themselves with:
1. Driving licence
2. Tax code
3. Payment of euro 9.00 to the current account in the Direzione Generale Motorizzazione
Civil and T..C. - Latin Rights. N.B. : The certifying doctors reserve the right to prescribe any further investigations necessary for the issue or renewal of A-B licences for people suffering from diabetes: In addition to the above-mentioned documents, interested parties must present themselves with Clinical assessment form, drawn up by a diabetes specialist working in public or private facilities with which the applicant has an agreement. Glycated haemoglobin test result, dated no later than 90 days. Complete eye examination, dated no later than 90 days.

INSTRUMENTAL DIAGNOSTIC EXAMINATIONS

Joint MRI

Performed with the MRJ machine, it represents the latest evolution of the dedicated MRI tomograph, specific for performing MRI examinations of bone joints (excluding shoulder and hip). Precisely because of its specificity, and because of the Artoscan's unique design, any claustrophobic re- action is avoided, because the patient is not placed entirely in the gantry.
MRI uses radio waves in magnetic fields and therefore poses no risk of ionising radiation.
MRI is an important methodology in the diagnostic evaluation of musculoskeletal pathologies, providing information that other diagnostic methods cannot provide. Artoscan MRI can be used to diagnose ligament lesions, cartilage lesions, tendon lesions, Morton's pseuromas as well as Baker's pseuromas, for example.

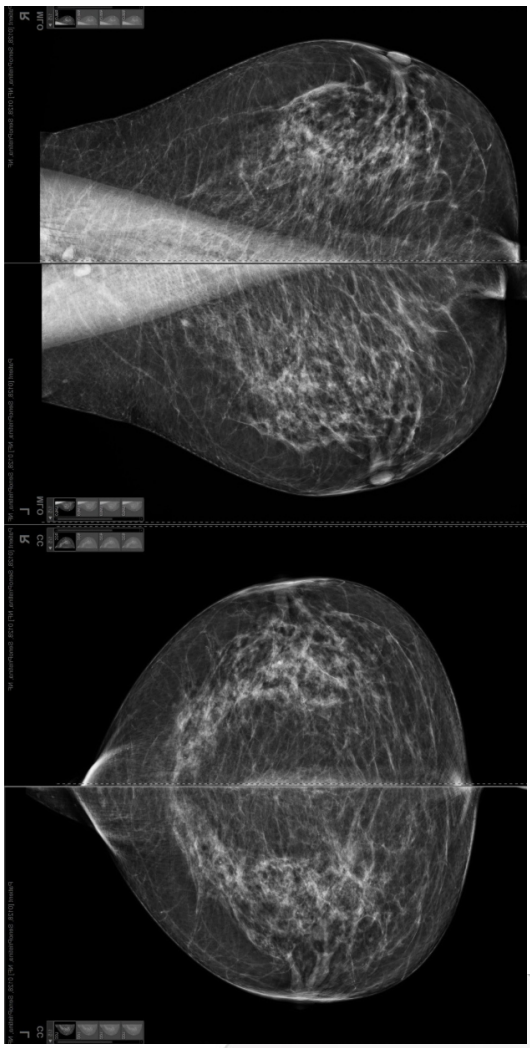


Digital radiology

The diagnostic X-ray technique makes it possible to obtain images of tissues and internal organs on X-ray-sensitive plates. The field of application of the radiographic technique is the investigation of the dental arches, bone structures, thorax, skull, in which it allows the appreciation of abnormalities such as fractures, deformations, bone tuberculosis and pathological neo- for- mations. The diagnostic possibilities of radiography can be extended by the use of contrast media, i.e. fluids that, when injected or introduced into the organs of interest, allow them to be opacified against X-rays and thus visualised on the X-ray.
In order to take an X-ray, the patient must stand in front of a frame in which the X-ray film is mounted and in front of a device (Röntgen tube) that emits a localised X-ray beam. When the radiation is emitted, the patient must remain still for a few seconds; the X-ray plate is then impressed by the X-rays. Tissues opaque to these rays, in particular bone tissue, are visible on the X-ray.
Our aim is to facilitate and support the activities of general practitioners, specialists, dentists, orthopaedic surgeons, etc. in the Latina and surrounding areas by offering them superior quality, post-processed digital X-rays, but without forgetting the patient's health, as digitisation of the process keeps the amount of radiation emitted and absorbed to a minimum.
X-ray examinations are supplied on transparent film and on CD (on request), so that the patient can send the X-ray examination to his or her doctor. In the event of loss or the need for a duplicate copy, we can reprint the X-ray examinations, performed at our facility, at any time within at least a few years. The specific services provided by the Imaging Diagnostics Department - RADIOLOGY are listed below:

Rx Hip Dx or Sn (SSR Convention)
Rx Complete Digestive System (SSR Convention) Rx Lower Limbs (SSR Convention)
Rx Lower Limbs Under Load (SSR Convention)
Rx Temporo-Mandibular Joints Right or Left (SSR Convention)
Rx Axial Rotula DX or Sn (SSR Convention) Rx Avam- arm DX or Sn (SSR Convention)
Rx Basin (SSR Convention)
Rx Ankle Dx or Sn (SSR Convention) Rx Clavicle Dx or Sn (SSR Convention)
Rx Cervical Column 2P (SSR Convention) Rx Dorsal Column 2P SSR Convention
Rx Lumbosacral Column 2P SSR Convention Rx Sacro-Coccygeal Column SSR Convention
Full Spinal Column Rx Private Performance
Rx Vertebral Column in Toto Under Load Pre- Private Station
Rx Cranium 3P SSR Convention
Rx Cranium 4P Convection SSR+ 1 pri- vate part Rx Cranium for Saddle Turcic Convection SSR
Rx Cranium for Paranasal Sinuses SSR Convention
Direct Rx Abdomen SSR Convention Direct Rx Larynx SSR Convention
Direct Rx Kidney SSR Convention
Direct X-ray Rhino-Pharynx SSR Convention X-ray Hemithorax Dx or Sn SSR Convention
Rx Epipharynx SSR Convention
Rx Esophagus SSR Convention
Rx Oesophagus Stomach and Duodenum Trendelenbueg SSR convention
Rx Femur Dx or Sn SSR Convention Rx Leg Dx or Sn SSR Convention
Rx Knees Under Load Private Performance Rx Knee Dx or Sn SSR Convention
Rx Knee Rotula 30° 60° 90° Dx or Sn SSR Convection Rx Elbow Dx or Sn SSR Convection
Rx Mammography Bilateral Private Service
Rx Mammography Monolateral Performance Private Rx Right or Sn hand SSR Convention
Hand and Wrist Rx for Bone Age SSR Convention

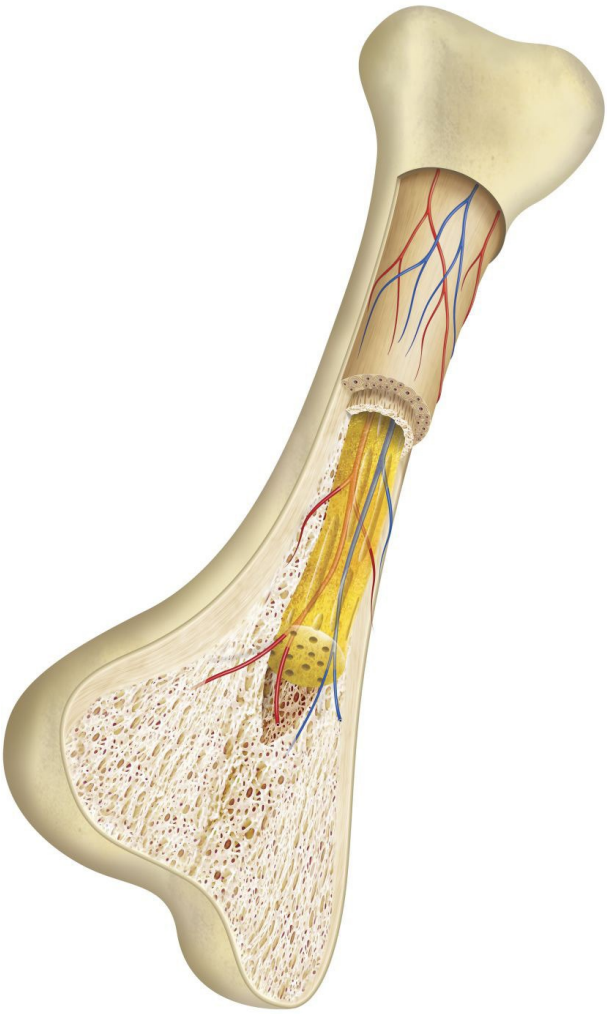
Rx Omeri Private Performance
Rx Humerus Dx or Sn SSR Convention
Rx Nasal Bones SSR Convention
Rx Right Foot or Sn SRN Convention
Rx foot Dx or Sn with Axial Calcaneus Private Practice
Rx Foot Dx or Sn under load Private performance Rx Foot Convection SNR
Rx Wrists SSR Convention
Rx Wrist Dx or Sn SSR Convention
Rx Oblique Projections Private Performance Rx Sternal Region SSR Convention
Rx Shoulder Dx or Sn SSR Convention Rx Shoulder Dx or Sn SSR Convention Rx telecuore 2P SSR Convention
Rx telecore 2P with oesophagus Private performance
Rx telecore 4P with oesophagus Private performance
Rx thorax 1P SSR convention
Rx Chest 2P Convesntion SSR
Temporo-Mandibular Joint Stratigraphy Dx or Sn Private service
WHOLE COLUMN: cervical, dorsal and lumbosacral
UNDER LOAD: examination performed in the foot.
SINGLE RADIOGRAM: on a single mil- limed film.



Bilateral low-dose radiation mammography

Mammography is an X-ray examination with a special technique in that it must allow soft tissue to be X-rayed, which makes it very different from a conventional X-ray.
How it is performed:
The breast is placed on a breast holder and pressed with a plastic plate called a compressor. As a basic rule, two projections (cranio-caudal and mediolateral obli- cation) are taken for each breast.
Additional projections can be carried out at the discretion of the radiologist. The acquisition of images takes only a few seconds per projection. Overall, the investigation takes 10-15 minutes. No drugs are administered and no contrast medium is used.
No preparation is necessary before the examination and no anaesthesia is performed. It is not a painful examination, although some breasts may be sore on pressure. At the end of the examination, the woman can leave the centre immediately and does not need to be accompanied.
When executing:
In women with a menstrual cycle still present, it is advisable to perform the examination in the first half of the cycle, as this is the period when the breasts are less tense and therefore more easily compressed. In addition, a pregnancy can be ruled out at this stage.
In postmenopausal women, it is generally possible to carry out the investigation at any time.

The reference technique for measuring bone density is DEXA, which uses a very low dose of X-rays, and the examination takes only a few minutes, about 10 to 15 minutes, and requires no preparation.
Clinical indications:
Menopausal ovarian dysfunction
Bilateral oophorectomy Natural early menopause Kidney dysfunction
Chronic liver dysfunction
Long-term use of corticosteroids
Malabsorption syndromes Prolonged immobility
Rheumatoid arthritis
Hyperparathyroidism
Monitoring the effects of treatment Gonadal dysfunction
Hereditary factors of osteoporosis Diabetes
Fractures after minimal trauma
Fractures after minimal trauma are performed at the facility:
Total Body, Spinal column, Morphometric analysis, Fe- more, Hip, Forearm, Determination of body composition (lean mass - fat mass)
), Study of prostheses, Paediatric examinations.



The orthopanoramic X-ray of the upper and lower dental arch is covered by the National Health Service; performed digitally.
Orthopantomography: It is an X-ray technique with which an overall image of both dental arches and jaw bones is produced. Orthopantomography is essential for an initial study of the condition of the teeth and their supporting tissues prior to dental treatment. The X-ray film produced with the orthopantomography technique is also called dental arch orthopanoramic or dental panoramic X-ray. A single, large X-ray film in which all teeth and their supporting structures are visible.
The tele-skull X-ray is a private service; performed in di- gital. It is an X-ray technique in which an overall image of the skull is produced with a radiation source 2 m away from the detector. It is a fundamental radiographic examination for the dental measurement of the buccal eye.

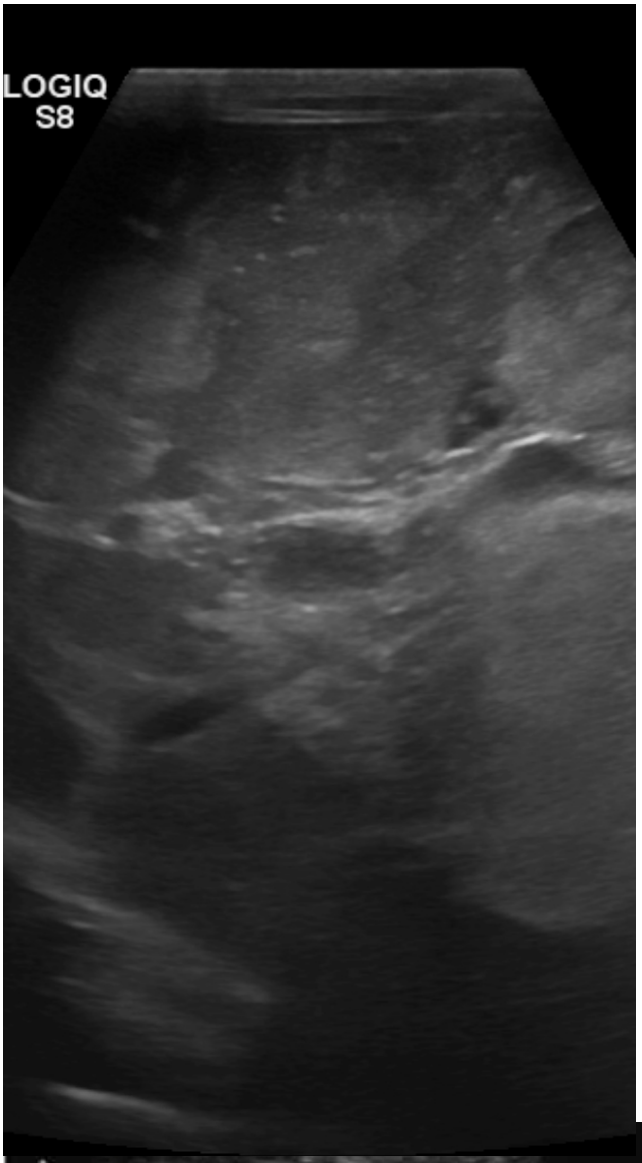
Sophisticated diagnostics for orthodontics

Dentascan or dental CT is a reconstruction software for the study of the dental arches by means of 3D imaging of the jaws. An indispensable support in current treatment planning with respect to implant rehabilitation procedures.
Computed Tomography offers a reconstruction programme aimed at studying the dental arches - Dentascan - for multiplanar and 3D reconstruction. The instrument is able to define with extreme precision and in detail the condition of the bone on which implants are to be placed.
Dentalscan' or also known as Cone Beam CT (Computed Tomography), refers to a machine capable of scanning the patient's dental arches by emitting a low dose of X-rays that pass through the subject's body, providing three-dimensional images of the jaw bones and teeth, which are of very high quality and allow for a thorough examination of other soft tissues such as those of the gingiva and periodontal ligament.
The Dentalscan 3D Cone Beam Computed Tomography is a very sophisticated examination in the field of dental radio-diagnostics in modern implantology. It is the ideal technique for the study of bone structures and for a correct evaluation of implant preparation procedures.
The Dentascan is one of the diagnostic examinations of the jaws that allows the best anatomical definition of the mandibular canal with respect to expansive and inflammatory processes. The diagnostic modality is ideal for identifying the nature of certain inflammatory disorders, and for understanding the origin of maxillary sinusopathy and the possible presence of oroantracial fistulas.
Another investigation possible with this diagnostic examination concerns the study of dental anomalies - such as oversized teeth, impacted teeth, dysodontiasis - in order to obtain a more precise anatomical and topographical definition than a simple radiographic examination.
When is the Dentascan examination used?
The examination performed with Dentalscan equipment is useful for different types of use:
for therapeutic planning
The Dentalscan Computed Tomography is the most useful for diagnostic and preparatory purposes for implant surgery; for pre-implant surgery
If the CT Dentalscan scan shows a bone structure of poor quantity or quality, before placing the implants, which would not have adequate support and would be ineffective, the doctor may determine the need for pre-implant microsurgery, and proceed with sinus lift or autologous or synthetic bone grafting;
to detect the presence of fistulas and maxillary sinusitis
Dentalscan computed tomography ensures excellent image definition and enables the study and diagnosis of pathologies such as maxillary sinusitis, fistulas, periradicular inflammatory processes (around the root of the tooth, such as granuloma and abscess den- tale);
to investigate tooth anomalies the

Dentalscan offers optimal, precise and defined support for the study of tooth anomalies: overcrowded teeth, impacted teeth, dysodontiasis, lack of space or incorrect tooth orientation (wisdom teeth or eighth teeth).
How image acquisition is performed Image acquisition is performed with the patient supine, immobile, and the use of an interdental spacer. The maxillary bones must be studied distinctly, as they are at a different angle to the axial plane.
The duration of the acquisition for each individual arch is approximately 3-5 seconds.
A low dosage is used for Dentascan investigations in children.
Dentascan reconstruction is especially important for implantological reasons.
The acquired data are processed according to the indications provided by the operator, who can thus determine the location, number and distance between the reconstructions, depending on the device programme. A colour visualisation of the course of the mandibular canal and the simulation of implant placement is also possible. The image must show the contours of the maxilla or mandible.

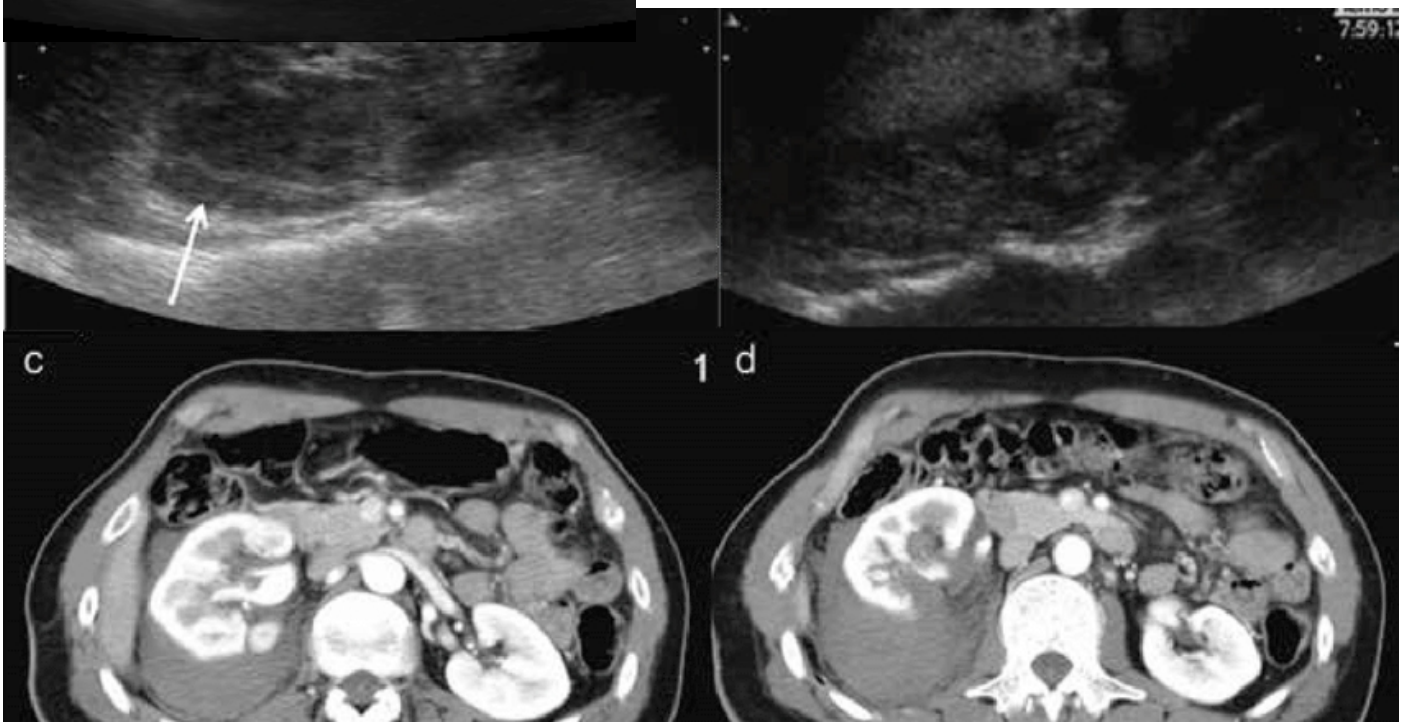
Ultrasound examination

Ultrasound is a diagnostic method that uses sound waves called ultrasound to obtain images of organs inside the body. Ultrasound has a much higher frequency than normal sound waves emitted by voice and is not audible to the human ear.
The operating principle of ultrasound is based on an elementary physical phenomenon that is well known for its simplicity: if you are in a valley in the midst of mountains and shout towards a wall, a few seconds later you hear an echo. This is due to the fact that the mountain reflects the wave so far and returns it to our ear, which is able to perceive it. The ultrasound machine does the same thing; it emits a series of high-frequency sound waves that, when they hit an organ, return to the probe (the one the doctor holds in his hand and slides over the body during the examination). The computer in the ultrasound machine is then able to determine where in the body the reflection of the wave occurred and transform this into an anatomical image. In addition to the normal two-dimensional images (i.e. in two planes like the figures in a book), modern ultrasound scanners can also provide three-dimensional images and information on the vascularisation. of organs and possible injuries by means of colour and power dop- pler.
What an ultrasound machine looks like
Ultrasound scanners consist of a console containing a computer and electronics, a monitor and one or more probes that come into contact with the patient and are connected to the central unit by a cable. The probe sends ultrasounds inside the body and detects the echoes that return after 'bouncing' off the organs. The image that forms on the monitor represents a small section of the portion of the body on which the probe is currently resting (this is like looking at a slice of salami without having to cut it with a knife). The images are then reproduced on paper or film using a printer connected to the ultrasound computer. In order to be able to slide the probe over the skin and to prevent the ultrasound from scattering, a gel is used between the probe and the skin, which is applied to the skin before starting the examination.



How the examination is conducted

Most ultrasound examinations are absolutely painless. After lying on a couch, the doctor applies ultrasound gel to the skin (it is colourless, colourless and non-staining) and presses the probe in various directions over the part to be examined. In some cases it is necessary to apply a lot of pressure and this can cause discomfort and moderate pain. Obviously, if the examination is performed on an inflamed area, the pain may be more intense. Examinations using an endocavitary probe (transrectal prostate ultrasound and transvaginal pelvic ultrasound) can be a little more uncomfortable, but they are usually carried out quickly and are well tolerated by most patients. After an ultrasound examination, one can safely return to one's activity. The results of the ultrasound examination are communicated by the doctor at the end of the examination and a written report is issued together with the images obtained. What are the advantages of ultrasound
Ultrasound examinations are non-invasive (no needles or injections) and are generally not painful.
Ultrasound does not use ionising radiation and is therefore not harmful to the human body. For this reason, the examination can also be repeated at short intervals.
Compared to other radiological methods, ultrasound is performed in real time and thus it is possible to observe the function of moving organs (such as the heart), muscles and tendons. Ultrasound can also be used to guide invasive procedures such as needle aspiration or needle biopsy very precisely.



The physical medicine and rehabilitation services performed at our centre are as follows :

ANTALGIC ELECTROTHERAPY
Physical therapy

ELECTROTHERAPY OF NORMAL OR DENERVATED MUSCLES
Physical rehabilitation therapy

EXERCISES WITH ISOKINETIC EQUIPMENT
Physical rehabilitation therapy

BODY POSTURAL EXERCISES
Physical rehabilitation therapy

BODY IONTOPHORESIS
Physical rehabilitation therapy

LASER CO2 BODY
Physical rehabilitation therapy

BODY LASER THERAPY
Physical rehabilitation therapy

BODY MAGNETOTHERAPY
Physical rehabilitation therapy

FULL-BODY MASSAGE
Energising, draining, muscle-shaping, reducing

VODDER BODY LYMPH DRAINAGE MASSAGE
Draining

BODY MASSAGE THERAPY
Physical rehabilitation therapy

JOINT MOBILISATIONS BODY
Physical rehabilitation therapy

BODY PRESSOTHERAPY
Physical rehabilitation therapy

NEUROMOTOR BODY REHABILITATION
Physical rehabilitation therapy

BODY MOTOR RE-EDUCATION
Physical rehabilitation therapy

U.V.A. TREATMENT
Osteoporosis, arthritis, psoriasis Dermatitis

BODY THERAPY
Physical rehabilitation therapy

BODY ULTRASOUND THERAPY
Physical rehabilitation therapy

EPILUMINESCENCE

is the 'NEI MAP' to prevent MELAN- MA. The gradual increase in the incidence of ME- LANOMA means that all researchers in this field have to find methods to help the simple 'clinical eye', which today, while maintaining its essentiality, must necessarily be aided by those instruments and methods that can perfect a clinical diagnosis.
This is because the most important weapon against MELA- NOMA, to date, remains prevention alone: a MELANOMA in an advanced stage, however, leaves little hope for a long life expectancy, while removing a melanoma in its earliest stages means 'saving a life'. Among the most user-friendly and non-invasive diagnostic methods are EPILUMINESCENCE and VIDEO-DERMATOSCOPY, which allow in vivo study of the micro-structures and architectures of pigmentary lesions, invisible to the naked eye.
For a correct diagnosis, however, it is necessary for this method to be carried out by personnel specialised in dermatology who have carried out trials specific to put this new discipline into practice in the best possible way.
Performing an Epiluminescence examination today is simple, quick and painless and can be of fundamental importance both for PREVENTION and to perhaps avoid unnecessary surgery for preventive purposes.

AESTHETIC MEDICINE TREATMENTS PERFORMED WITH THE AID OF ELECTROMEDICAL MACHINES

Aesthetic cavitation

An innovative technique for the non-cloudy reduction of localised fat deposits using low-frequency ultrasound (30 to 70 KHz) with a multi-frequency scanning system. It is an effective and safe method that is non-invasive, painless and without side effects, and allows for the safe ambulatory dissolution of fat without anaesthesia and convalescence time.

How cavitation works

Ultrasound, used i n medical therapy and cosmetic treatments, is a mechano- nical vibration with a frequency above 20 KHz (until recently, only 1 or 3 MHz was used) and its effect is based on the transfer of ultrasound energy to the tissues. The current novelty, which is the result o f scientific research in recent years, is the use of low-frequency ultrasound systems to increase the effect of cavitation, which is the consequence of the al- ternance of compression and depres- sion of substances subjected to the low-frequency ultrasound wave with a cold turbulence effect similar to that of water close to boiling from heat.

The oscillation caused by the low-frequency ultrasound creates the formation of microbubbles (or cavities) that implode inside the fat mass and adipocytes, fluidising it and facilitating the melting of the fat without damaging the cellular memory. The working frequencies used (30 to 42 KHz) can be adjusted for continuous or modulated emission, allowing a more thorough and simultaneously softer effect due to the more homogeneous distribution of energy.

ultrasonic absorbed gradually and at different depths by the tissue layers passed through.

The maximum energy density at the skin is 3 W/sqm and is within the safety limits set by safety regulations.

Effects of cavitation on fat

As the handpiece is passed over the area to be treated, the ultrasound produces focussed 'cavitation', bersa- lating the adipose tissue and causing the mech- nical rupture of the ADIPO- CITARIC cell structures, releasing the triglycerides they contain into the intracellular fluid, which will be eliminated from the body through a natural metabolic process (physiological excretors and partly used by the energy metabolism).

CAVITATION is highly selective towards the adipose tissue, and no other organ or tissue is altered.

INDICATIONS: Treatment of cellulite, localised fat deposits, post-liposuction imperfections, pre-liposuction treatments, lipoma resorption.

TREATABLE AREAS: all areas where there is excess fat, excluding face, neck, breasts

Pressotherapy

It is a device that conveys an im- mediated feeling of well-being. The effect is based on a mechanical action that acts on the venous and lymphatic circulation, making it more efficient and thus improving the most frequent aesthetic imperfections: cellulite and fluid retention. It can easily be combined with other aesthetic treatments used to prevent or alleviate the above-mentioned imperfections. Pressotherapy, through dosed pressure to the tissues, facilitates the
draining the interstitial fluid and solutes in it, also activating the venous circulation and ridding the extracellular environment of the waste that the cells constantly pour in. The pressure is not exerted temporarily over the entire surface, but in a centripetal sequence that is followed by the venous blood and lymph.

Velasmooth

What is the VelaSmooth? It is an innovative application that, thanks to the proven elōs technology (combination of bipolar radio frequency, infrared light, vacuum suction and mechanical massage), makes it possible to safely and non-invasively treat cellulite, localised fat deposits, reduce circum- ferences, reshape and tone every part of the body.
How does velasmooth help improve the appearance of cellulite and reduce circumferences? The 'orange peel' and wave-like appearance of cellulite is mainly caused by fibrous bonds that compress and retain fat deposits. The VelaSmooth appliance mechanically manipulates these deposits by means of a gentle massage and pulsating, rhythmic suction.

fibrous layers, the skin and the fat layer. At the same time it provides, thanks to infrared light and bipolar radio frequency, an effective heating of the subcutaneous fat, increasing the metabolism of the fat cells. The bonds are stretched, the cells undergo lysis (collapse) and are absorbed and subsequently eliminated via the excretory pathways. The end result is a smoother and more regular appearance of the skin and an overall reduction in circumference.

Vascular laser

The innovative technology integrated in Velure S5 has made it possible to optimise performance and give the operator the confidence of always having the right laser for every patient.
Cutting-edge for vascular lesions Velure S5 is designed for the non-invasive treatment with minimal thermal tissue damage of vascular lesions such as telangiectasias of the face and lower limbs, small ruby angiomas, couperose, spider naevus, and deep flamous nevi. All these types of lesions can be treated transcutaneously quickly and safely with the available series of focused handpieces. The flexibility of Velure S5 allows the operator to set all the necessary parameters for the ideal therapy configuration for the type of treatment desired.

Endovenous Ve- lure S5 treatments of venous incontinence of the lower extremities are simple to perform and can also be performed on an outpatient basis with the aid of an ultrasound control system. The Endovascular procedure performed with the Ve- lure S5 leaves no scars, minimising post-operative pain and the risk of infection.

The CO2 laser

From the combination of CO2 laser, for years considered the gold standard in skin renewal and rejuvenation treatment, and high-speed scanning, comes Mixto SX, a true revolution in medical lasers. Using a mathematical algorithm that takes into account the thermal relaxation of the tissue. Mixto SX distributes a precise matrix of microspots in a fractional manner that penetrates the superficial dermis, in- centing the formation of new chol- lagen and at the same time producing an immediate lifting effect.

Tightening effect

The immediate contraction of collagen fibres reduces wrinkles and significantly improves skin laxity.

Down Time Mixto SX achieves excellent results with a more than acceptable 'down time' for patients who can quickly resume their normal relational activities.

Some Examples Of The Use And Effectiveness Of The CO2 Laser

Electroporation

Injecting natural cosmetic/aesthetic products into the tissue is certainly the most effective way of making the active ingredients in these substances act. Obviously, this is an invasive technique, where small and medium-sized problems of haematomas, le- sions, etc. can occur. Electroporation is a truly innovative technology that makes it possible to deliver drugs and natural cosmetic emulsion products without the use of needles; Transde- mic delivery (electroporation).

"What is 'electoporation'?

Electroporation is a technology that allows special electrical impulses to be transmitted by means of special electrical impulses.

soluble substances even with a high molecular weight (e.g. hyaluronic acid etc.). It is intuitive to understand the scope of such an innovation, as it is possible to carry out treatments at a very high level even in beauty centres. Just think of how many different treatments can be carried out with this method: nourishing skin treatments, firming of the buttocks, breasts, face, cellulite, stretch marks, fragile capillaries, etc. In practice, the right product can be chosen for each type of pathology e.g: Breast firming= Preparation based on; Soya isophla- vones titrated in genistenia, Spirulina algae, Men- tol, PH 6.4. Localised adiposity and cellulite = Preparation based on; Caf- fein. Theophylline, Fucus, Carnitine, Horse chestnut, Squalene, Vitamin C; PH 4,2.

Skin relaxation and stretch marks

Preparation based on; Wheat germ oil, Sweet manor oil, Hydrolysed collagen, Elastin, Vitamin B5, Echinacea botanical extract, Bovine equine extract.
Obviously, the range of products to be used is very broad, as there are mesothelial preparations that practically cover all kinds of blemishes and problems, including pathological ones. In practice, with the electropo- ration device, one has a complete centre of aesthetic medicine that is open to 360 degrees and can be renewed depending on the product used. A great achievement.

"How does 'Electroporation' work?

For a long time, many have tried to find solutions for the delivery of drugs and cosmetic products using electronic machines. Who does not remember the methods of Iontophoresis (direct current) and Iontophoresis (pulsed current). These techniques, however, were inefficient, as the product only diffused by ionic migration and to a negligible depth, with very little benefit in the treatment. Over the years, the study of the physical dynamics of the skin has deepened. The covering of our body called skin serves to protect the body from the entry of bacteria, viruses and substances harmful to us. In practice, it is as i f our entire body were wrapped in an impermeable film. Therefore, when water-soluble creams and products are used, the absorption of these by our tissues is very minimal, as the product generally stops in the very first stratum corneum, penetrating slightly through the channels of the sweat glands and the pilosebaceous follicles (according to Fick's law).
It was discovered, that by sending special impulses controlled in current, frequency and form to the skin, the skin lowers its resistance, thus allowing substances and products into solution. Hence the revolution that brought electroporation to the headlines. With electroporation, the method of administering water-soluble substances has been revolutionised. In practice, it is like giving hundreds of injections at the same time, but without needles.