

※因應疫情從110年8月9日起，套檢內容更換如下

類別	檢查內容	3500		4500		6000				8000		10000				12000		14000					
						專科		防癌				消化道		心血管				肺部		無痛腸胃鏡		影像檢查	
		男	女	男	女	男	女	男	女	男	女	男	女	男	女	男	女	男	女	男	女		
一般檢查 (General Examination)	身高(Body Height)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
	體重(Body Weight)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
	腰圍(Waistline)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
	體脂肪率(Body Fat Percentage)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
	理想體重(Ideal Body Weight)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
	身體質量指數(Body Mass Index)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
	血壓(Blood Pressure(sitting))	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
	脈搏(Pulse Rate)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
	身體組成分析 (composition elementary body) 1.肌肉重量 2.皮下&內臟脂肪重量 3.水份重量 4.基礎代謝率 5.肥胖分析 6.水腫評估	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
理學檢查 (Physical Examination)	理學醫師檢查(Physical Examination)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
肺部檢查 (Lung Examination)	胸部X光-正面(Chest X-ray,PA view)	●	●			●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
	胸部X光-正面及左側面 (Chest X-ray,PA view & L Lat. view)			●	●																		
心血管及代謝系統 (Cardiovascular and Metabolic System)	三酸甘油脂(Triglyceride)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
	總膽固醇(Total cholesterol)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
	高密度脂蛋白-膽固醇(HDL-C)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
	低密度脂蛋白-膽固醇(LDL-C)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
	總/高密度膽固醇比(Total/HDL Ratio)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
	低/高密度脂蛋白比(LDL/HDL ratio)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
	空腹血糖(Fasting blood sugar)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
	糖化血色素(Hemoglobin A1c)			●	●	●	●	●				●	●	●	●	●	●	●	●	●	●		
	高敏感性C反應蛋白(hs-CRP)			●	●	●	●	●				●	●	●	●	●	●	●	●	●	●		
	同型半胱胺酸(Homocysteine)																		●	●			
	甲狀腺刺激素(TSH)			●	●	●	●	●				●	●	●	●	●	●	●	●	●	●		
	甲狀腺超音波(Thyroid ECHO)											自選項一	自選項一	●	●			自選項一	自選項一				
	靜式心電圖(Resting EKG)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
	心臟超音波(2-D ECHO of Heart)																	自選項一	自選項一				
	頸動脈超音波 (Extra-Cranial Carotid dopplar scan)																	自選項一	自選項一	●			
	周邊動脈硬化評估 (Assessment of Atherosclerosis)											●	●	●	●	●	●	●	●	●	●		
	DXA全身體脂肪分析 (Whole body Fat, DXA method)																	自選項二	自選項二				
	十年心血管疾病風險評估 (10-year CVD Risk Score)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
消化系統 (Digestive System)	麴草酸轉胺酶(GOT, AST)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
	麴丙酮酸轉胺酶(GPT, ALT)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
	總蛋白(Total protein)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
	白蛋白(Albumin)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
	球蛋白(Globulin)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
	麴胺酸轉肽酶(γ-GT)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
	鹼性磷酸酶(Alkaline phosphatase)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
	總膽紅素(Total bilirubin)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
	直接膽紅素(Direct bilirubin)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
	C型肝炎抗體測定(Anti-HCV)							自選項一	自選項一	自選項一	自選項一								●	●	●		
	B型肝炎表面抗原(HBsAg)							自選項一	自選項一	自選項一	自選項一								●	●	●		
	B型肝炎表面抗體(Anti-HBs)							自選項一	自選項一	自選項一	自選項一								●	●	●		
	糞便免疫法潛血檢查(OB, EIA)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
	上腹部超音波 (Upper Abdominal Sonography)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
	NBI無痛胃鏡(Panendoscopy)															自選項一	自選項一			●	●		
	NB無痛大腸鏡(Colonfibroscopy) ※含低渣檢查餐															自選項二	自選項二			●	●		
	碳-13幽門桿菌呼氣試驗 (13C-urea breath test for H. pylori)							自選項二	自選項二														

※因應疫情從110年8月9日起，套檢內容更換如下

類別	檢查內容	3500		4500		6000				8000				10000				12000		14000					
						專科		防癌				消化道		心血管				肺部		無痛腸胃鏡		影像檢查			
		男	女	男	女	男	女	男	女	男	女	男	女	男	女	男	女	男	女	男	女	男	女		
腎臟泌尿系統 (Kidney and Urology)	尿素氮(Blood urea nitrogen)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
	尿酸(Uric acid)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
	肌酸酐(Creatinine)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
	腎絲球過濾率(eGFR)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
	尿液常規檢查(Urine routine examination)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
血液系統 (Hematology)	血球計數(Complete Blood Counts) 1.白血球 2.紅血球 3.血紅素 4.血球比容 5.平均紅血球容積 6.平均紅血球血色素量 7.平均紅血球血色素濃度 8.紅血球體積分佈寬度 9.血小板	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
	白血球分類(Differential Counts) 1.嗜中性球(Neutrophil) 2.淋巴球(Lymphocyte) 3.單核球(Monocyte) 4.嗜酸性球(Eosinophil) 5.嗜鹼性球(Basophil)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
	甲種胎兒蛋白(Alpha-fetoprotein)	自選項二	自選項二	自選項二	自選項二	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
	癌胚抗原(CEA)					●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
	CA199腫瘤標記(CA19-9)									●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
腫瘤標記 (Tumor Biomarker)	前列腺特異抗原(PSA)	自選項二		自選項二		●		●		●		●		●		●		●							
	游離前列腺特異抗原(Free PSA)					●		●																	
	CA125腫瘤標記(CA 125)		自選項二		自選項二		●		●		●		●		●		●		●		●		●		
	CA153腫瘤標記(CA15-3)					●				●		●		●		●		●		●		●		●	
	EB病毒抗體(E-B VCA IgA Ab)									●		●													
婦科醫學 (Female medicine)	婦科醫師會診(Gynecology)																			自選項二		●		●	
	子宮頸抹片檢查(Pap smear)																			自選項二		●		●	
	婦科超音波(Gynecological ECHO)																								
女性乳房檢查 (Female Breast Examination)	自動式全乳房立體超音波 (Automated Breast Volumes Scanner)									自選項四										自選項三				●	
	乳房超音波(Breast ECHO)																								
神經系統 (Neurology)	HRV自律神經檢查(Heart Rate Variability)						自選項三																	●	
脊椎骨骼系統 (Skeletal System)	腹部&腰薦椎X光 (KUB & LS Spine Lateral View)																						●	●	
	頸椎X光(C-spine X-Ray)					●	●																		
	左髋關節骨質密度檢查(Left Hip,BMD)	自選項三	自選項三	自選項三	自選項三							●	●		自選項一	自選項一							●	●	●
風濕免疫系統 (Rheumatology and Immunology)	類風濕性關節炎因子(RA factor,定量)																						●	●	
眼科檢查 (Eye Examination)	視力檢查(Visual Acuity)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
	辨色力檢查(Ishihara Test for Color vision)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
	眼壓檢查(intraocular pressure)					●	●	●	●			●	●	●	●	●	●	●	●	●	●	●	●	●	●
耳鼻喉科檢查 (ENT Examination)	聽力檢查(Hearing Test 500~4000Hz)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
專業諮詢 (Consultation)	營養諮詢(Nutrition Consultation)														自選項二	自選項二									
影像醫學 (CT/MRI)	低劑量肺部電腦斷層(Low Dose Lung CT)																			●	●			自選項一	
	冠狀動脈鈣化積分電腦斷層 (Coronary Artery Calcium Scoring)																		自選項二	自選項二				自選項二	自選項二
健檢服裝																									
精緻餐點		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
套檢費用(元)		\$3,500	\$4,500			\$6,000				\$8,000				\$10,000				\$12,000				\$14,000			

備註：

- (1) 上述服務除影像醫學檢查外，其餘皆由臺南功醫診所提供的服務，並保有更改檢查內容、項目、費用等權利，如有變更，請依最新公告為準。
 (2) 上述產品為各檢查項目組合之健檢套餐，若未符合您的需求，歡迎來電諮詢，服務人員將替您量身規劃專屬內容。

(3) 健檢套餐內各項目不得要求更換或退費。