

Health Check up Booking Request(43E6984)

1 message

Medsave <lic@medsave.in>
To: healthcareshridurga@gmail.com
Cc: customercare@mediwheel.in

12 March 2025 at 14:32



Home visit

Dear Shri Durga Healthcare

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking? Yes No

Name : ANUPMA SHARMA

Proposal No : 6784

Branch Code : 129

Contact Details : 9868131848

Location : D63, Har Gyan Singh Arya Marg, South Extension I, Block D, Delhi, DELHI - 110023

Appointment Date : 13-03-2025

Table with 3 columns: Booked Member Name, Age, Gender. Row 1: ANUPMA SHARMA, 57 year, F

Included Test -

- Urine Analysis
Hb%
Lipidogram
BST Only fasting or Only PGBS
ECG
Physical Medical Examination Report (PMER) Rs. 15,00,001 to Rs. 24,99,999

You have received this mail because your e-mail ID is registered with Medsave TPA. This is a system-generated e-mail please don't reply to this message.

"For any queries, please feel free to reach out to us at lic@medsave.in Our team will



Date: 13/3/25

To,
LIC of India
Branch Office

Proposal No. 129 6784

Name of the Life to be assured Anupma Sharma

The Life to be assured was identified on the basis of Aadhar

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which reports are enclosed. The Life to be assured has signed as below in my presence.

Dr. PREETI DHIMAN
[Signature] M.B.B.S

Signature of the Pathologist/ Doctor

Name:

I confirm, I was on fasting for last 10 (ten) hours. All the Examination / tests as mentioned below were done with my consent.

[Signature]
(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	✓	PHYSICIAN'S REPORT	
COMPUTERISED TREADMILL TEST		IDENTIFICATION & DECLARATION FORMAT	✓
HAEMOGRAM		MEDICAL EXAMINER'S REPORT	✓
LIPIDOGRAM		BST (Blood Sugar Test-Fasting & PP) Both	
BLOOD SUGAR TOLERANCE REPORT	✓	FBS (Fasting Blood Sugar)	✓
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)		PGBS (Post Glucose Blood Sugar)	
ROUTINE URINE ANALYSIS	✓	Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		Hb%	✓
ELISA FOR HIV		Other Test	

Comment Medsave Health Insurance TPA Ltd.


Authorized Signature,



भारत सरकार
Government of India

अनुपमा शर्मा
Anupma Sharma
जन्म तिथि / DOB : 12/02/1968
महिला / Female

Issue Date : 09/03/2012



5227 3159 6814

मेरा आधार, मेरी पहचान

भारत सरकार विशिष्ट पहचान प्राधिकरण
भारत सरकार विशिष्ट पहचान प्राधिकरण Authority of India

पता: द्वारा: दिनेश कुमार शर्मा, फ्लैट न-104
(विद्या सागर अपार्टमेंट) राजत जैन
सीजीएचएस लिमिटेड, प्लॉट न-34, सेक्टर 6
द्वारका, द्वारका सेक्टर-6, दक्षिण पश्चिमी
दिल्ली, दिल्ली, 110075

Print Date: 27/03/2023

Address: C/O. Dinesh Kumar Sharma, Flat
No-104 (Vidya Sagar Apartment) Rajat Jain
CGHS Ltd, Plot No-34, Sector 6 Dwarka, Dwarka
Sec-6, South West Delhi, Delhi, 110075



5227 3159 6814

1947 help@uidai.gov.in www.uidai.gov.in

Anupma

Dr. PREETI DHIMAI
MBBS





Delhi, Delhi, India

Block-d, Vidya Sagar, Sector 6 Dwarka, Dwarka, Delhi,
Delhi 110075, India
Lat 28.588414° Long 77.065675°
13/03/2025 10:32 AM GMT +05:30

DR. PREETI DHIMAN
M.B.B.S





MEDICAL EXAMINER'S REPORT
Form No LIC03-001(Revised 2020)

Branch Code: 129
 Proposal/ Policy No: 6784
 MSP name/code :
 Date & Time of Examination: 13/03/25 10:15 Am
 Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: _____
 Identity Proof verified: Aadhar ID Proof No. 6814
 (In Case of Aadhaar Card , please mention only last four digits)

[Note: Mobile number and identity proof details to be filled in above . For Physical MER, Identity Proof is to be verified and stamped.]

For Tele/ Video MER, consent given below is to be recorded either through email or audio/video message. For Physical Examination the below consent is to be obtained before examination.

"I would like to inform that this call with/ visit to Dr. Prat (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

Anupama
 Signature/ Thumb impression of Life to be assured
 (In case of Physical Examination)

1 Full name of the life to be assured: Anupama Sharma
 2 Date of Birth: 12/2/68 Age: 57 Gender: female
 3 Height (In cms): 160 Weight (in kgs): 62
 4 Required only in case of Physical MER

Pulse : 86 Blood Pressure (2 readings):
 1. Systolic 128 Diastolic 82
 2. Systolic 128 Diastolic 82

ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED

If answer/s to any of the following questions is Yes, please give full details and ask life to be assured to submit copies of all treatment papers, investigation reports, histopathology report, discharge card, follow up reports etc. along with the proposal form to the Corporation

<p>5 a. Whether receiving or ever received any treatment/ medication including alternate medicine like ayurveda, homeopathy etc ? b. Undergone any surgery / hospitalized for any medical condition / disability / injury due to accident? c. Whether visited the doctor any time in the last 5 years ? If answer to any of the questions 5(a) to (c)) is yes - i. Date of surgery/accident/injury/hospitalisation ii. Nature and cause iii. Name of Medicine iv. Degree of impairment if any v. Whether unconscious due to accident, if yes, give duration</p>	<p>NO</p>
<p>6 In the last 5 years, if advised to undergo an X-ray/ CT scan / MRI / ECG / TMT / Blood test / Sputum/Throat swab test or any other investigatory or diagnostic tests? Please specify date , reason ,advised by whom & findings.</p>	<p>NO</p>
<p>7 Suffering or ever suffered from Novel Coronavirus (Covid-19) or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhoea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days. If yes provide all investigation and treatment reports</p>	<p>NO</p>



Preeti Man
 Dr. PREETI MAN
 M.B.B.S

8	<p>a. Suffering from Hypertension (high blood pressure) or diabetes or blood sugar levels higher than normal or history of sugar /albumin in urine?</p> <p>b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?</p> <p>c. Whether on medication? please give name of the prescribed medicine and dosage</p> <p>d. Whether developed any complications due to diabetes?</p> <p>e. Whether suffering from any other endocrine disorders such as thyroid disorder etc.?</p> <p>f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?</p>	<p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p>
9	<p>a. Any history of chest pain, heartattack, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from high cholesterol?</p> <p>c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.</p> <p>d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?</p>	<p>NO</p>
10	Suffering or ever suffered from any disease related to kidney such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	<p>NO</p>
11	Suffering or ever suffered from any Liver disorders like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any lung related or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	<p>NO</p>
12	Suffering or ever suffered from any Blood disorder like anaemia, thalassemia or any Circulatory disorder?	<p>NO</p>
13	Suffering or ever suffered from any form of cancer , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	<p>NO</p>
14	Suffering or ever suffered from Epilepsy, nervous disorder , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	<p>NO</p>
15	Suffering or ever suffered from any physical impairment disability /amputation or any congenital disease/abnormality or disorder of back, neck, muscle, joints, bones, arthritis or gout?	<p>NO</p>
16	Suffering or ever suffered from Hernia or disorder of the Stomach / intestines, colitis, indigestion, Peptic ulcer, piles, or any other disease of the gall bladder or pancreas?	<p>NO</p>
17	<p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / psychiatric disorder?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	<p>NO</p> <p>NO</p>
18	Is there any abnormality of Eyes (partial/total blindness),Ears (deafness/ discharge from the ears), Nose, Throat or Mouth,teeth, swelling of gums / tongue, tobacco stains or signs of oral cancer?	<p>NO</p>
19	Whether person being examined and/ or his/her spouse/partner tested positive or is/ are under treatment for HIV /AIDS/Sexually transmitted diseases (e.g. syphilis, gonorrhoea, etc.)	<p>NO</p>
20	Ascertain if any other condition / disease / adverse habit (such as smoking/ tobacco chewing/ consumption of alcohol/drugs etc) which is relevant in assessment of medical risk of examinee.	<p>NO</p>

Dr. PREETI DHIMAN
M.B.B.S.



Dr. PREETI DHIMAN
M.B.B.S

For Female Proponents only		
i.	Whether pregnant? If so duration.	No
ii	Suffering from any pregnancy related complications	No
iii	Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaec ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same	No

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	Yes
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Declaration

You Mr/Ms Anupma Sharma declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. We thank you for having taken the time to confirm the details. The information provided will be passed on to Life Insurance Corporation of India for further processing.

Anupma

Signature/ Thumb impression of Life to be assured
(In case of Physical Examination)

I hereby certify that I have assessed/ examined the above life to be assured on the ___ day of ___ 20___ vide Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the aforesaid questions as ascertained from the life to be assured.

Place: MD
Date:
Stamp: 13/03/25

Dr. PREETI DHIMAN
Preeti
Signature of Medical Examiner
Name & Code No:



LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division _____ Branch _____

Proposal No. _____

Agent/D.O. Code: _____

Full Name of Life to be assured: Anilima Sharma

Age/Sex : 57/F

ELECTROCARDIOGRAM

ANNEXURE- 1

LIC03-002

Instructions to the Cardiologist:

- i. Please satisfy yourself about the identity of the examiners to guard against impersonation
- ii. The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings.
- iii. The base line must be steady. The tracing must be pasted on a folder.
- iv. Rest ECG should be 12 leads along with Standardization slip, each lead with minimum of 3 complexes, long lead II. If L-III and AVF shows deep Q or T wave change, they should be recorded additionally in deep inspiration. If V1 shows a tall R-Wave, additional lead V4R be recorded.

DECLARATION

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated _____ given by me to LIC of India.

Witness _____

Anilima
Signature or Thumb Impression of L.A.

Note : Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

- i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion?
Y/N
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- iii. Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N

If the answer/s to any/all above questions is -Yes, submit all relevant papers with this form.

Dated at 25 on the day of 13/03/20 25

Anilima
Signature of L.A.

13/03/25

RAJESH K
Signature of the Cardiologist

RAJESH K
Name & Address

M.D.
Qualification

Code No.

Clinical findings
(A)



Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
160	62	128/82	86

(B) Cardiovascular System

NAD

Rest ECG Report:

Position	Sup	P Wave	N
Standardisation Imv	10L	PR Interval	N
Mechanism	N	QRS Complexes	N
Voltage	N	Q-T Duration	N
Electrical Axis	N	S-T Segment	N
Auricular Rate	66/	T-wave	N
Ventricular Rate	60/	Q-Wave	N
Rhythm	Sinus		
Additional findings, if any.	N		

Conclusion:

WNL

Dated at

N D 13/03/25

on the day of

2025

Signature of **DR. RAJKUMAR** M.D. (Medicine) Card. FNIC
 Name & Address
 Qualification
 Code No.



SHRI DURGA HEALTH CARE

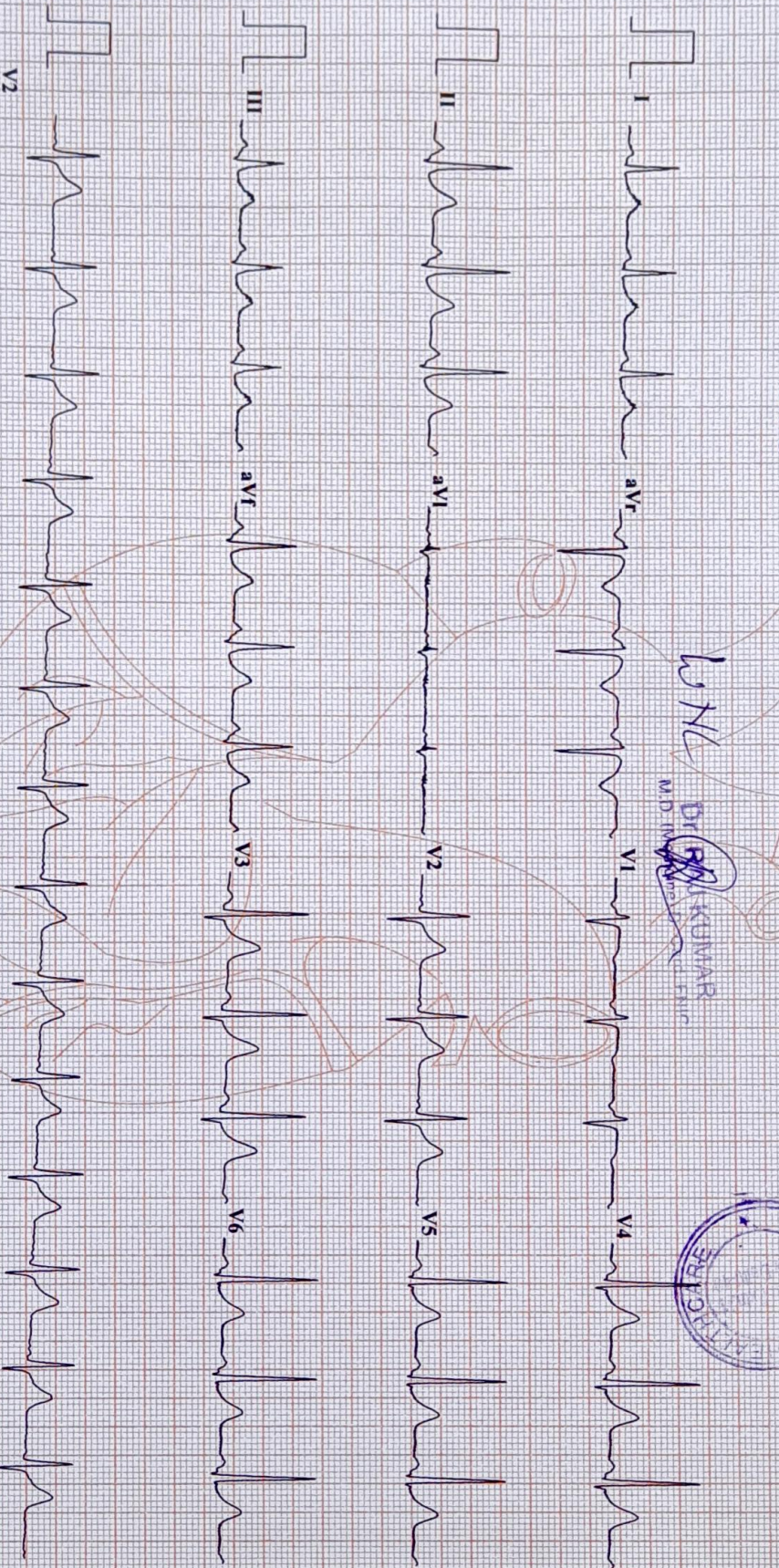
Ms. ANUPMA SHARMA

ID : 37
AGE/SEX : 57 Yr / F
HT/WT : /
DATE : 13-03-2025 10:40:13 AM
REF BY : Dr
MACHINE INTERPRETATION : Normal ECG.

RATE : 90 bpm
BP : N/A
P Axis : 58 deg
QRS Axis : 58 deg
T Axis : 59 deg
PR Duration : 112 ms
QRS Duration : 95 ms
QT Interval : 327 ms
QTc Interval : 376 ms

Speed : 25 mm/s
Sensitivity : 10 mm/mV

Linked Median



Filtered(35 Cycle) And Base Corrected

UNI-EM, Indore. Tel. : +91-731-4030035, Fax : +91-731-4031180, E-Mail : em@electromedicals.net, Web : www.uni-em.com, ECG Ver 14.0.1

Dr.



Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name :	ANUPMA SHARMA	Sex:	FEMALE
Lab. No:	20250301	Age:	57
Date:	13/3/2025	Ref. By	LIC

LIPIDOGRAM

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Normal Value</u>
Total Cholesterol	159	mg/dl	120 - 220
High Density Lipid (HDL)	38	mg/dl	35-70
Low Density Lipid (LDL)	95	mg/dl	50 - 150
S. Triglycerides	127	mg/dl	25 - 160

BIOCHEMISTRY

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Normal Value</u>
Blood Sugar Fasting	101	mg/dl	70-110

HAEMATOLOGY

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Normal Value</u>
Hemoglobin (HB)	12.9	mg/dl	13.2 - 16.2 (M) 12.0 - 15.2 (F)



D-63, Ground Floor, South Exn. Part-1, Near Barat Ghar, New Delhi-110049

Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

Note Valid For Medico-legal Purposes

Home Sample Collection Facility Available | Timing : 8:00 am To 8: Pm (Sunday Open)



Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name :	ANUPMA SHARMA	Sex:	FEMALE
Lab. No:	20250301	Age:	57
Date:	13/3/2025	Ref. By	LIC

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

<u>TEST NAME</u>	<u>VALUE</u>	<u>NORMAL VALUE</u>
Color	P.Yellow	P.Yellow
Quantity	15ml	
Appearance	Clear	Clear
Reaction	Acidic	Acidic
Deposits	Nil	Nil
Specific Gravity	1.025	1.010 - 1.030

CHEMICAL EXAMINATION

Albumin	Nil	Nil
Sugar	Nil	Nil

MICROSCOPIC EXAMINATION

Pus Cells	2-3	0 -5 /HPF
Epithelial Cells	2-4	0 -5 /HPF
RBCs	Nil	Nil /HPF
Crystals	Nil	Nil
Cast	Nil	Nil
Bacteria	Nil	Nil
Others	Nil	Nil



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