

Health Check up Booking Request(43E2104)

1 message

21 November 2024 at 16:01

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



011-41195959

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 : SHEKHAR TEWARI

Proposal No : 2392

Branch Code : 113

Contact Details : 8840391348

Location : D63, Har Gyan Singh Arya Marg, South Extension I, Block D,
New Delhi, Delhi 110049

Appointment Date : 26-11-2024

Member Information		
Booked Member Name	Age	Gender
SHEKHAR TEWARI	39 year	Male

Included Test -

- HbA1c
- Urine Analysis
- Hb%
- Urine Cotinine
- SBT-13 with Elisa Method HIV test
- ECG

Thanks,
Medsave
Team



Issue Date: 06/06/2014



श्रीलंका
GOVERNMENT OF INDIA

शेखर तिवाड़ी
Shekhar Tewari
जन्म तिथि / DOB : 09/12/1984
पुरुष / Male

शेखर शर्मा
Shekhar Sharma
जन्म तिथि / DOB : 09/12/1984
पुरुष / Male

शेखर शर्मा का प्रारण है, संश्लेषण से नहीं।
Aashwar is a proud of identity, not of citizenship.

8539 7560 3220



शेखर आश्वर, शेखरी पहचान

Dr. MAHESH PA
MBBS (M)



IDENTIFICATION & DECLARATION FORMAT

To,
LIC of India
Branch Office

113

Proposal No

2392

Name of Life to be assured:

Shokhan Tewari

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 report/s are enclosed.

I hereby declare that the person examined has signed (affixed his/her thumb impression) in the space earmarked below, in my presence and I am not related to him/her or the Agent or the Development Officer.

Dated at

M)

26/11/24

day of 2024

at

9. a.m./p.m.

Signature of the Pathologist/Doctor
(Name & Rubber stamp) Qualification:

HESH PAL
M.B.S. (MD)

Signature of the Cardiologist (if LA has undergone CTMT / ECG)
Name & Rubber stamp) Qualification

Signature of the Radiologist (if LA has undergone X-ray or scanning)
Name & Rubber stamp) Qualification

The examinations /tests were done with my consent and I was fasting for more than 12 hrs before the tests

Signature of the Life to be Assured
Name.....

Shokhan

Reports enclosed.

- 1..... ECG
 - 2..... Hb%.
 - 3..... R.A
 - 4..... SBT-3
 - 5..... HbA1C
- Urine Culture



LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division _____ Branch _____

Proposal No. _____

Agent/D.O. Code: _____

Full Name of Life to be assured: Shekhar Tewari

Age/Sex _____

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 _____

Signature or Thumb Impression of L.A. [Signature]

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 ND on the day of 26/11/2024

Signature of the Cardiologist [Signature]

Signature of L.A. [Signature]

Name & Address
Qualification _____

Code No. _____

Clinical findings
(A) _____

DR. SHRI RAVI K. SHARMA
M.D. (Medical) Cardiology
9.00 Am



Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
176	77.5	126/84	62

(B) Cardiovascular System

NAD

Rest ECG Report:

Position	Supine	P Wave	N
Standardisation Imv	1-1	PR Interval	N
Mechanism	N	QRS Complexes	N
Voltage	N	Q-T Duration	N
Electrical Axis	N	S-T Segment	N
Auricular Rate	60L	T-wave	N
Ventricular Rate	60L	Q-Wave	N
Rhythm	Sing		
Additional findings, if any.	No		

Conclusion:

WNL

Dated at

MD on the day of 26/11/2024 G. Rao Am

Signature of the Cardiologist

Name & Address

Qualification

Code No.



26-11-2024 09:22:32 AM
ID: 638
SHEKHAR JYOTARI
Male 29 years

Diagnosis: Information:

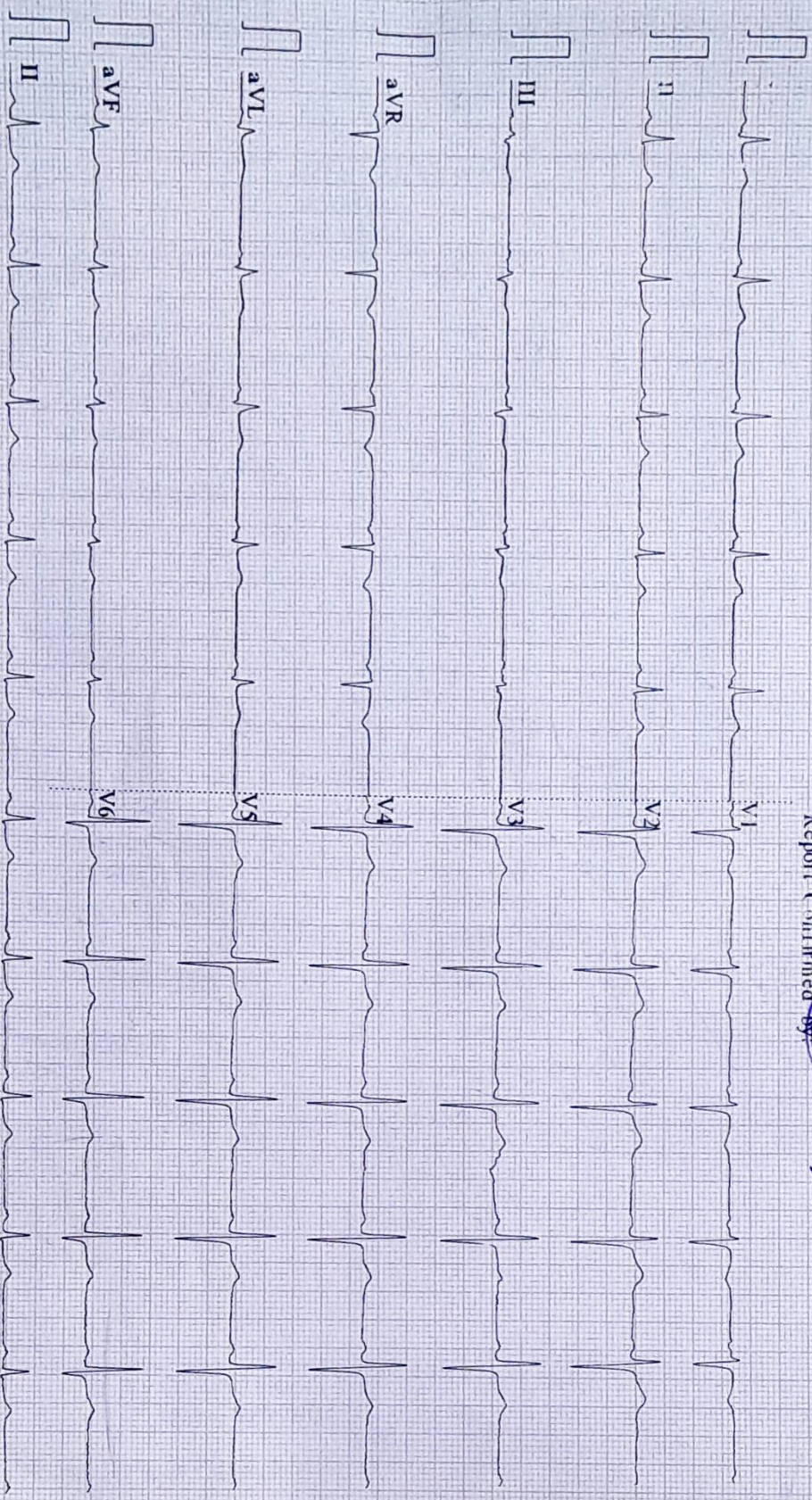
REPORT

WNL
DR RAJESH KUMAR
MD Card. FM

Report confirmed by



[Signature]



0.67-25Hz AC50 25mm/s 10mm/mV 2*5s+1r 66 V2:02 SEMIP V1:7 SHRI DURGA HEALTH CARE



Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	SHEKHAR TEWARI	Sex:	MALE
Lab. No:	202401102	Age:	40
Date:	26/11/2024	Ref. By:	LIC

Test Name	SBT13	Unit	Normal Value
FBS	86	mg/dl	70 - 110
Total Cholesterol	180	mg/dl	120 - 220
High Density Lipid (HDL)	42	mg/dl	35-70
Low Density Lipid (LDL)	119	mg/dl	50 - 150
S. Triglycerides	93	mg/dl	25 - 160
S.Creatinine	0.7	mg/dl	0.7 - 1.4
Bool Urea Nitrogen (BUN)	14	mg/dl	6.0 - 21
S. Protien	7.6	g/dl	6.4 - 8.2
Albumin	4.3	g/dl	3.4 - 5.0
Globulin	3.3	g/dl	2.3 - 3.3
A:G Ratio	1.3	g/dl	
S. Bilirubin	0.7	mg/dl	0.1 - 1.00
Direct	0.3	mg/dl	0.00 - 0.3
Indirect	0.4	mg/dl	0.00 - 0.7
SGOT(AST)	32	IU/L	5 - 40
SGPT(ALT)	38	IU/L	5 - 45
GGTP(GGT)	41	IU/L	11 - 50
S.Alkaline Phosphatase	90	IU/L	15 - 112
HIV 1&2 Elisa (Method)	NEGATIVE	-	NEGATIVE
HbsAg (Australia antigen)	NEGATIVE	-	NEGATIVE

HAEMATOTOLOGY

Test Name	Value	Unit	Normal Value
Hemoglobin (HB)	15.4	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:	SHEKHAR TEWARI	Sex:	MALE
Lab. No:	202401102	Age:	40
Date:	26/11/2024	Ref. By	LIC

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Normal Value</u>
URINE COTININE TEST	NEGATIVE	ng/ml	Below 200

Immunochromatographic Assay for Qualitative detection of COTININE in Urine

Cutt Off- 200ng/ml

A positive result indicates only that the presence of Cotinine is above the cutoff concentration it doesn't indicate or measure level of consumption. It is possible that technical or procedural errors as well as other interfering substances in the urine specimen may cause erroneous result.

Please correlate with clinical conditions.

*****End of Report*****



DR. SAFIA RANA
MBBS, M.D. (Path)

SDHC

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Lab. No:	202401102	Age:	40
Date:	26/11/2024	Ref. By	LIC

HAEMATOLOGY

Test Name	Method	Value Units
GLYCOSYLATED HEMOGLOBIN (HbA1c)	TURBIDOMETRY	5.2%

Reference Range:

Below 6.0 % -Normal Value
6.0 % - 7.0 % -Good Control
7.0 % - 8.0 % -Fair Control
8.0 % - 10 % -Unsatisfactory Control
Above - 10 % -Poor Control

Technology: BIDIRECTIONALLY INTERFACED FULLY AUTOMATED TURBIDOMETRY BY ROCHE

*****End of Report*****



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Name:	SHEKHAR TEWARI	Sex:	MALE
Lab. No:	202401102	Age:	40
Date:	26/11/2024	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	1.015	1.010 - 1.030

CHEMICAL EXAMINATION

Albumin	Nil	Nil
Sugar	Nil	Nil

MICROSCOPIC EXAMINATION

Pus Cells	2-1	0 -5 /HPF
Epithelial Cells	2-1	0 -5 /HPF
RBCs	Nil	Nil /HPF
Crystals	Nil	Nil
Cast	Nil	Nil
Bacteria	Nil	Nil
Others	Nil	Nil



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