

DR. ASHISH GUPTA

MBBS, MD (PATHOLOGY)



NATIONAL INSTITUTE OF MEDICAL SCIENCES

100 BEDDED MULTI-SPECIALITY HOSPITAL

ISO 9001: 2008 Certified Centre Sector - 23A, Faridabad - 121 005

Ph: 2446565, 2440745, 2440746, Fax: 2440747

Website: www.nimshospitals.com

CONSULTANT PATHOLOGIST: NIMS hospital /Palwal Hospital / Apex Diagnostics & Polyclinc, Faridabad

11/03/2025

To,

Medeave.

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LAB. TECH.

DR. ASHISH GUPTA

MBBS, MD (PATHOLOGY) CONSULTANT PATHOLOGIST





NIMS HOSPITAL <nimshospitalfbd@gmail.com>

Health Check up Booking Request(43E6830)

1 message

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

Sun, Mar 9, 2025 at 9:25 AM



Dear National Institute Of Medical Sciences

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

You confirm this booking?





Name

: KAMAL PANDAY

Proposal No

7555

Branch Code

314

Contact Details

: 9318889728

Location

Block G, Sanjay Colony, Sector 23, Faridabad, Haryana -

121001

Appointment Date : 10-03-2025

Member Information				
Booked Member Name	Age	Gender		
KAMAL PANDAY	59 year	M		

Included Test -

Serum Creatinine

. 2

- HbA1c
- Urine Analysis
- Lipidogram



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.

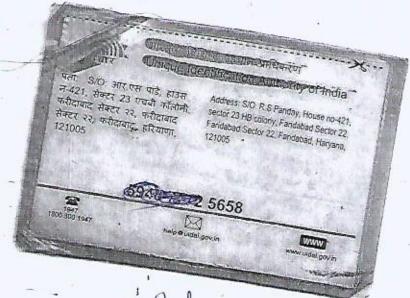
"For any queries, please feel free to reach out to us at lic@medsave.in Our team will be happy to assist you!"

IC of India Branch Office		Date: 09/03/202	43_
Proposal No		-	
Name of the Life to be assuredKa	mal	Panday	
he Life to be assured was identified on			
confirm, I was on fasting for last 10 (te with my consent. Signature of the Life to be assured)	ASHISH BS, MD	to be assured has signed as below in m	ny
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Name of life to be assured: Paulo	.	s Enclosed:	
kamal Pano	.	s Enclosed:	Yes/No
Reports Name	Report	T - 1	Yes/No
Reports Name ELECTROCARDIOGRAM	Report	Reports Name PHYSICIAN'S REPORT IDENTIFICATION & DECLARATION	Yes/No
Reports Name ELECTROCARDIOGRAM COMPUTERISED TREADMILL TEST	Report	Reports Name PHYSICIAN'S REPORT IDENTIFICATION & DECLARATION FORMAT	Yes/No
Reports Name ELECTROCARDIOGRAM COMPUTERISED TREADMILL TEST HAEMOGRAM	Yes/No	Reports Name PHYSICIAN'S REPORT IDENTIFICATION & DECLARATION FORMAT MEDICAL EXAMINER'S REPORT	Yes/No
Reports Name ELECTROCARDIOGRAM COMPUTERISED TREADMILL TEST HAEMOGRAM LIPIDOGRAM	Yes/No	Reports Name PHYSICIAN'S REPORT IDENTIFICATION & DECLARATION FORMAT MEDICAL EXAMINER'S REPORT BST (Blood Sugar Test-Fasting & PP) Both	Yes/No
Reports Name ELECTROCARDIOGRAM COMPUTERISED TREADMILL TEST HAEMOGRAM LIPIDOGRAM BLOOD SUGAR TOLERANCE REPORT SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-	Yes/No	Reports Name PHYSICIAN'S REPORT IDENTIFICATION & DECLARATION FORMAT MEDICAL EXAMINER'S REPORT	Yes/No
Reports Name ELECTROCARDIOGRAM COMPUTERISED TREADMILL TEST HAEMOGRAM LIPIDOGRAM BLOOD SUGAR TOLERANCE REPORT SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)	Yes/No	Reports Name PHYSICIAN'S REPORT IDENTIFICATION & DECLARATION FORMAT MEDICAL EXAMINER'S REPORT BST (Blood Sugar Test-Fasting & PP) Both FBS (Fasting Blood Sugar) PGBS (Post Glucose Blood Sugar)	Yes/No
Reports Name ELECTROCARDIOGRAM COMPUTERISED TREADMILL TEST HAEMOGRAM LIPIDOGRAM BLOOD SUGAR TOLERANCE REPORT SPECIAL BIO-CHEMICAL TESTS - 13 (SBT- 13) ROUTINE URINE ANALYSIS	Yes/No	Reports Name PHYSICIAN'S REPORT IDENTIFICATION & DECLARATION FORMAT MEDICAL EXAMINER'S REPORT BST (Blood Sugar Test-Fasting & PP) Both FBS (Fasting Blood Sugar) PGBS (Post Glucose Blood Sugar) Proposal and other documents	Yes/No
Reports Name ELECTROCARDIOGRAM COMPUTERISED TREADMILL TEST HAEMOGRAM LIPIDOGRAM BLOOD SUGAR TOLERANCE REPORT SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)	Yes/No	Reports Name PHYSICIAN'S REPORT IDENTIFICATION & DECLARATION FORMAT MEDICAL EXAMINER'S REPORT BST (Blood Sugar Test-Fasting & PP) Both FBS (Fasting Blood Sugar) PGBS (Post Glucose Blood Sugar) Proposal and other documents	Yes/No

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,





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Date

09/03/2025

LIC

Srl No. 10

Name

MR. KAMAL PANDEY

Age :

59 Yrs.

Sex

M

Deptt

Ref. By Emp Cod

BIOCHEMISTRY

Test Name	Value	Unit	Reference Value
SERUM CREATININE	1.01	mg/dl	0.60 - 1.40
	LIPID PR	ROFILE	
SERUM CHOLESTEROL	197.0	mg/dl	130 - 250
SERUM TRIGLYCERIDES	123.0	mg/dl	35 - 170
HDL CHOLESTEROL	40.0	mg/dl	30 - 70
VLDL	24.6	mg/dl	0.00 - 35
LDL CHOLESTEROL	132.4	mg/dl	50 - 150
TOTAL / HDL CHOLESTEROL RATIO	4.925		0.00 - 4.9
LDL / HDL CHOLESTEROL RATIO	3.31		0.00 - 3.5

HAEMATOLOGY

Test Name

Value

Unit

Reference Value

GLYCATED HAEMOGLOBIN (HbA1C)

HbA1C (GLYCOSYLATED Hb)

7.34

%

Expected Values :-

Metabolicaly health patients =

4.8 - 6.0 % HbA1C

Good control =

6.0 - 6.8 % HbA1C

Contd...2

LAB. THEH.

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LIC

Srl No. 10

Name

MR. KAMAL PANDEY

Age

59 Yrs.

Sex

Deptt

M

Ref. By Emp Cod

Fair control =

6.8 - 8.2 % HbA1C

Poor control =

>8.2

% HbA1C

URINE EXAMINATION REPORT

COLOUR

VOLUME

SPECIFIC GRAVITY

DEPOSIT

REACTION

AL BUMIN

SUGAR

PUS CELLS

EPITHELIAL CELLS

RBC'S

CASTS

CRYSTALS

OTHERS

BILE SALTS (BS)

BILE PIGMENT (BP)

SEDIMENT

TRANSPARENCY

BACTERIA

Reported by: MGR

Checked by : ----MGR

PALE YELLOW

20

ml.

1.020

NIL

ACIDIC

NIL

TRACES 4-6/hpf

2-4/hpf

NIL

NIL

/HPF

/HPF

/HPF

NIL

NIL

ABSENT

ABSENT

clear NIL

NIL

5.00 - 1000.00

1.005-1.035

NIL

ACIDIC

NIL

NIL

0-4

0-4

NIL

NIL

NIL

NIL

ABSENT

ABSENT

NIL

CLEAR

NIL

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