

Health Check up Booking Request(43E1832)

1 message

12 November 2024 at 13:33

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 : MRS YACHNA SURI

Proposal No : 6686

Branch Code : 310

Contact Details : 9930537656

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

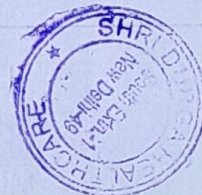
Appointment Date : 13-11-2024

Member Information		
Booked Member Name	Age	Gender
MRS YACHNA SURI	45 year	Female

Included Test -

- Complete Heamogram
- HbA1c
- Urine Analysis
- Urine Cotinine
- SBT-13 with Elisa Method HIV test
- Computerised Tread Mill Test (TMT)
- ECG

Thanks,
Medsave
Team



Dr. PREETI DHIMAN
Preeti



Yachna Suri



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

YACHNA SURI
RAMAN SURI

20/08/1979

Permanent Account Number

AVVPS5090A

3977
40
OTH1309

Yachna Suri

Signature



Date: 14/11/24

To,
LIC of India
Branch Office

310

Proposal No. 6686

Name of the Life to be assured Yachma Sazi

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

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.

Signature of the Pathologist/ Doctor
Dr. P. S. DHIMAN
M.B.B.S



Name:

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

Yachma Sazi

(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

Sr. No	Reports Name	Sr. No	Reports Name
1	FMR	9	Lipidogram
2	Rest ECG with Tracing	10	BST (Blood Sugar Test-Fasting & PP) Both
3	Haemogram	11	Hba1c
4	Hb%	12	FBS (Fasting Blood Sugar)
5	SBT-13	13	PGBS (Post Glucose Blood Sugar)
6	Elisa for HIV	14	CTMT with Tracing
7	RUA	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

16. Questionnaires: Urine Cotinine Test

17. Others (Please Specify) _____

Remarks of ~~Agent~~ Insurance TPA

Authorized Signature,

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone: _____ Division: _____
Proposal No.: _____ Branch: _____
Full Name of Life to be assured: Yachman Suroi
Age/ Sex: 45/F
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

14 day of 12

24

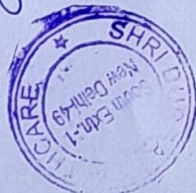
at 8:30 a.m./p.m.

Signature of the L.A. [Signature]

Signature of the Cardiologist

Cardiologist's Name & Address

Qualification:



Dr. [Signature]
M.D. [Signature]
KUMAR
M.B.B.S. [Signature]
DIPLOMA IN [Signature]
ENIG

Clinical findings

(A)

Height (cms)	Weight (kgs)	Blood Pressure	Pulse Rate
164	56	122/80	64

(B) Cardiovascular System

NAD

Rest ECG Report:

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

Conclusion:

WNL

Dated at

on the

day of 20... 24

at 8:30 a.m.



Signature of the Cardiologist

Name & Address:

Qualification:

SHRI DURGA HEALTH CARE

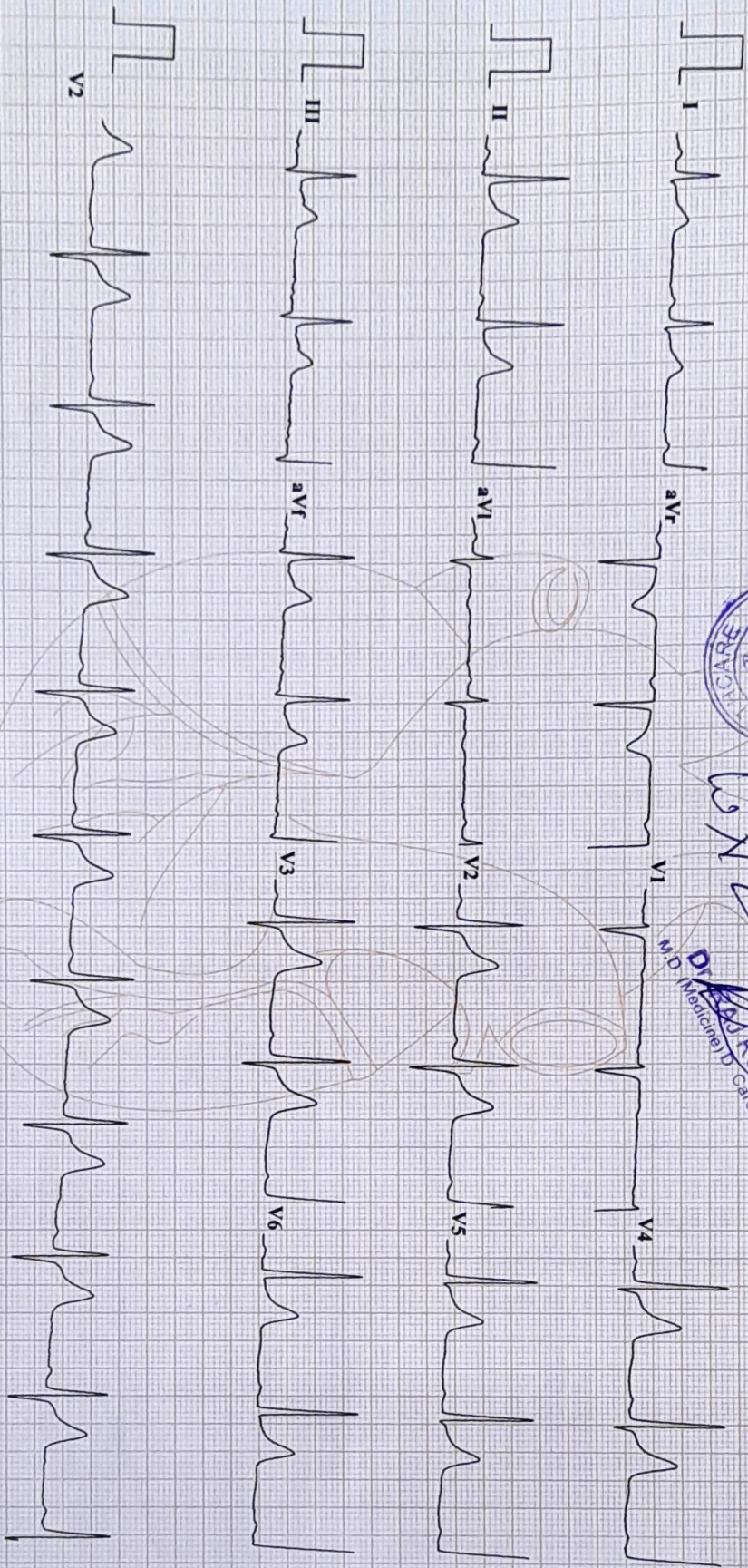
Ms. YACHINA SURI
 ID : 12
 AGE/SEX : 45 Yr/F
 HT/WT : /
 DATE : 14-11-2024 08:53:48 AM
 REF BY : Dr
 MACHINE INTERPRETATION : Normal ECG.

RATE : 63 bpm
 BP : N/A
 P Axis : 27 deg
 QRS Axis : 62 deg
 T Axis : 66 deg
 P Duration : 109 ms
 PR Duration : 145 ms
 QRS Duration : 109 ms
 QT Interval : 409 ms
 QTc Interval : 418 ms

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



W.N.S.
DR. RAJESH KUMAR
 M.D. (Medicine) Card. F.N.C.



Filtered (35 Cycle) And Base Corrected

Dr.

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 003

COMPUTERISED TREADMILL TEST

Zone:

Division:

Proposal No.:

Branch:

Full Name of Life to be assured:

Age/ Sex:

45/F

Yachna Surri

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.

Yachna Surri

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

1. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? *-Y/N*
2. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? *-Y/N*
3. 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 'Yes', submit all relevant papers with this form.

Dated at

M.D

on the

14/11/24

day of 20*24*

at *8:30* a.m./p.m

Yachna Surri
Signature of the L.A.

Dr. Anil Kumar
Signature of the Cardiologist
Cardiologist's Name & Address

Qualification:



Dr. Anil Kumar
Card. F.M.C.

COMPUTERISED TREADMILL TEST

- (a) Pre-test: Supine
Standing
Hyperventilation
- (b) Exercise: Stage I)
Stage II) 3 minutes each
Stage III)
- (c) Recovery: ... peak exercise
Recovery
Recovery
Recovery

Reporting Pattern

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP
PRETEST	SUPINE					62	122/82	75
	SITTING							
	STANDING					72	122/80	87
	HYPERVENTILATION					71	122/80	86
	WARM UP							
EXERCISE	STAGE 1	2:55	2.7	10	4.67	91	122/80	111
	STAGE 2	2:55	4	12	7.04	119	140/90	166
	STAGE 3	1:1						
	PEAK EXERCISE	1:14	5.4	15	8.78	152	158/98	240
RECOVERY	RECOVERY	0:29				123	158/98	210
	RECOVERY	2:55				91	142/88	129
	RECOVERY	5:55				80	126/84	120

The protocol used - BRUCE

Total Exercise Time - 7:44

Maximum Blood Pressure - 158/98

Maximum Workload - 8.78

Maximum heart rate - 152

Maximum predicted heart rate 86 %

Reason for termination -

Comments:

Negative for RMI



Signature of the Cardiologist

Name & Address:

Qualification:

Each stage should have 12 lead tracing with long lead II. Each lead should contain atleast three complexes. On separate individual paper each stage with relevant observations be recorded. (Signature of the L.A. to be obtained on the tracings)

SHRI DURGA HEALTH CARE

YACHNA SURTI

TREADMILL TEST REPORT

ID : 30
 DATE : 14/11/2024
 AGE/SEX : 45 / F
 HT/WT : 0 / 0
 REF. BY :

PROTOCOL : Bruce
 HISTORY :
 INDICATION :
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS
								II	V1	V5	
SUPINE					62	122 / 80	75	2.2	0.3	2.2	
STANDING					71	122 / 80	86	1.4	0.2	0.9	
HYPERVENT					72	122 / 80	87	1.6	0.5	1.3	
Stage 1	2:55	0:20	2.7	10	91	122 / 80	111	2.1	0	0.7	4.67
Stage 2	5:55	2:55	4	12	119	140 / 90	166	0	0.6	-2.9	7.04
PK-EXERCISE	7:44	1:44	5.4	14	152	158 / 98	240	-1.5	-0.2	-0.2	
RECOVERY	8:21	0:29			133	158 / 98	210	0.7	0.5	2.3	
RECOVERY	10:47	2:55			91	142 / 88	129	0.7	0.6	0.5	
RECOVERY	13:47	5:55			80	126 / 84	100	0.8	0.3	0.6	

RESULTS

EXERCISE DURATION : 7:44
 MAX HEART RATE : 152 bpm
 MAX BLOOD PRESSURE : 158 / 98 mm Hg
 REASON OF TERMINATION :
 BP RESPONSE :
 ARRYTHMIA :
 H.R. RESPONSE :
 IMPRESSIONS :

MAX WORK LOAD : 8.78 METS

Negative for RMI
 fair effort

Dr. RALKUMAR
 M.D. (Medical) Card. F.N.C.



Technician :

YACHNA SURI

I.D. 30

Age 45/F

Date 14/11/2024

RATE 62bpm

B.P. 122/80

SHRI DURGA HEALTH CARE

PRETEST
SUPINE

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

V1

I
0.8
0.5

aVR
-1.5
-1.0

V1
0.3
0.1

V4
2.8
1.8

II
2.2
1.5

aVL
-0.3
-0.2

V2
2.5
1.8

V5
2.2
1.5

III
1.4
0.9

aVF
1.8
1.2

V3
2.9
1.8

V6
2.0
1.7

I

II
0.3
0.1

III

aVR

aVL

aVF

V1

V2

V3

V4

V5

V6



DR. PRADIP KUMAR
M.D. (Gen. Med.)
FICP (Gen. Med.)
FICP (Card. FNF)

YACHENA SURI
 I.D. 30
 Age 45/F
 Date 14/11/2024

RATE 71bpm
 B.P. 122/80

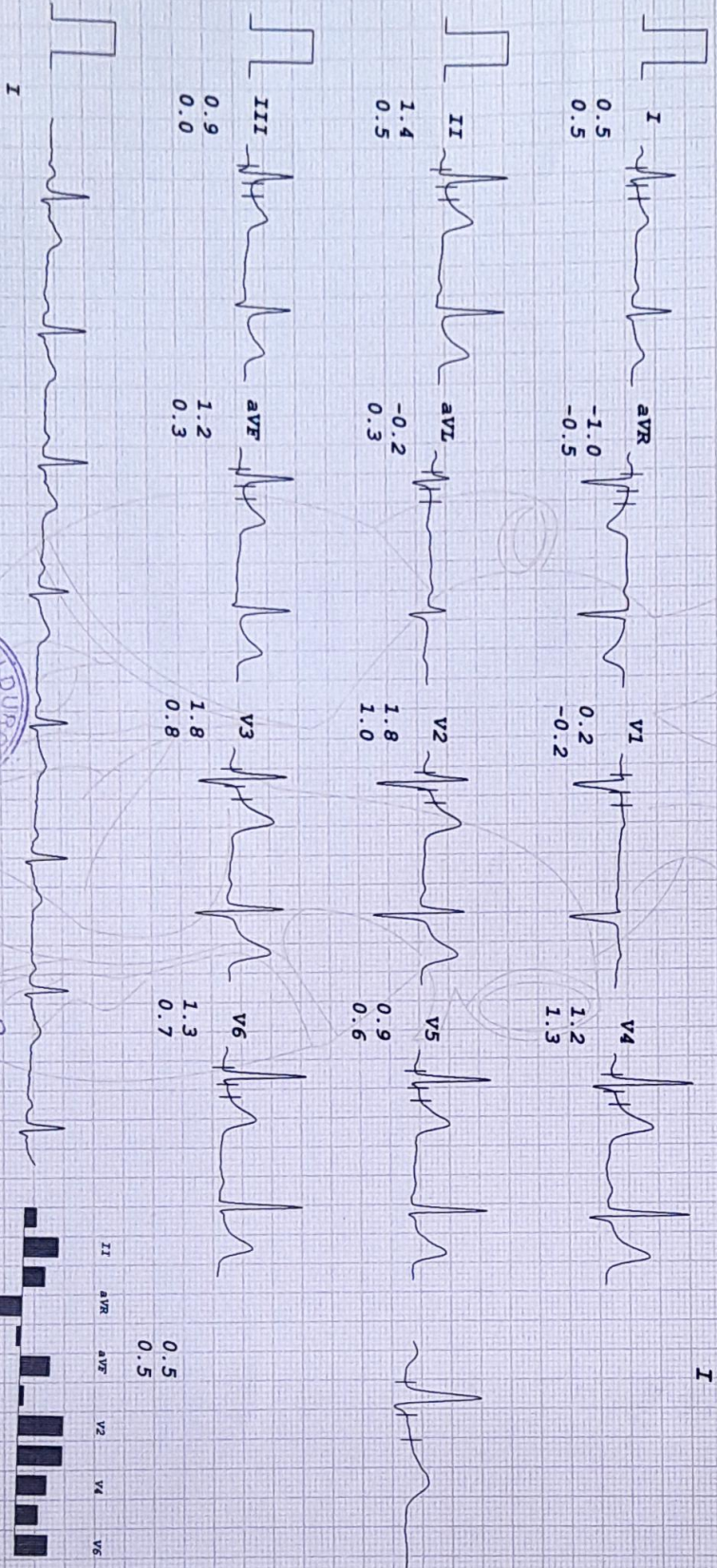
PRETEST
 STANDING

ST @ 10mm/mv
 80ms Post-T

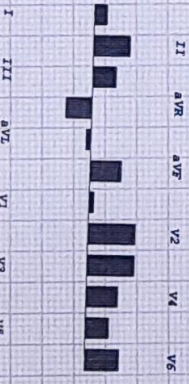
SHRI DURGA HEALTH CARE

LINKED MEDIAN

Mag. X 2



M.D. **J. KUMAR**
 (General Medicine) Card. FMC



YAGENA SURI
I.D. 30

Age 45/F

Date 14/11/2024

RATE 72bpm
B.P. 122/80

SHRI DURGA HEALTH CARE

PRETEST
HYPERVENT

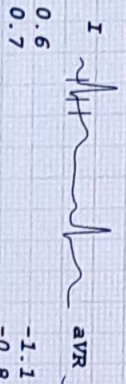
ST @ 10mm/mV
80ms Post J

PHASE TIME 0:20

LINKED MEDIAN

Mag. X 2

V1

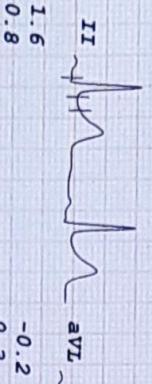


I 0.6
0.7

aVR -1.1
-0.8

V1 0.5
0.0

V4 1.6
1.1

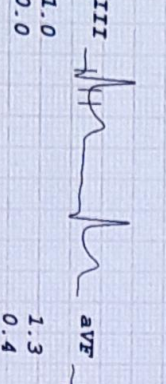


II 1.6
0.8

aVL -0.2
0.3

V2 2.0
1.2

V5 1.3
0.5

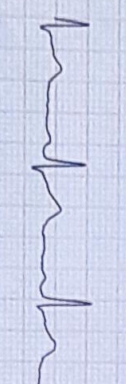


III 1.0
0.0

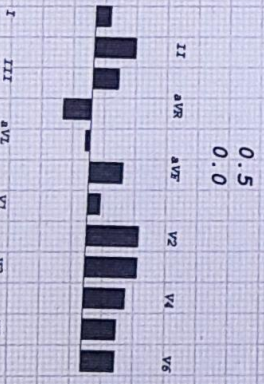
aVF 1.3
0.4

V3 2.0
1.0

V6 1.3
0.9



I 1.0
0.0



Dr. **KUMAR**
M.D. (Medicine) Card. F.N.C.

SHRI DURGA HEALTH CARE

YACENA SURI
 I.D. 30
 Age 45/F
 Date 14/11/2024

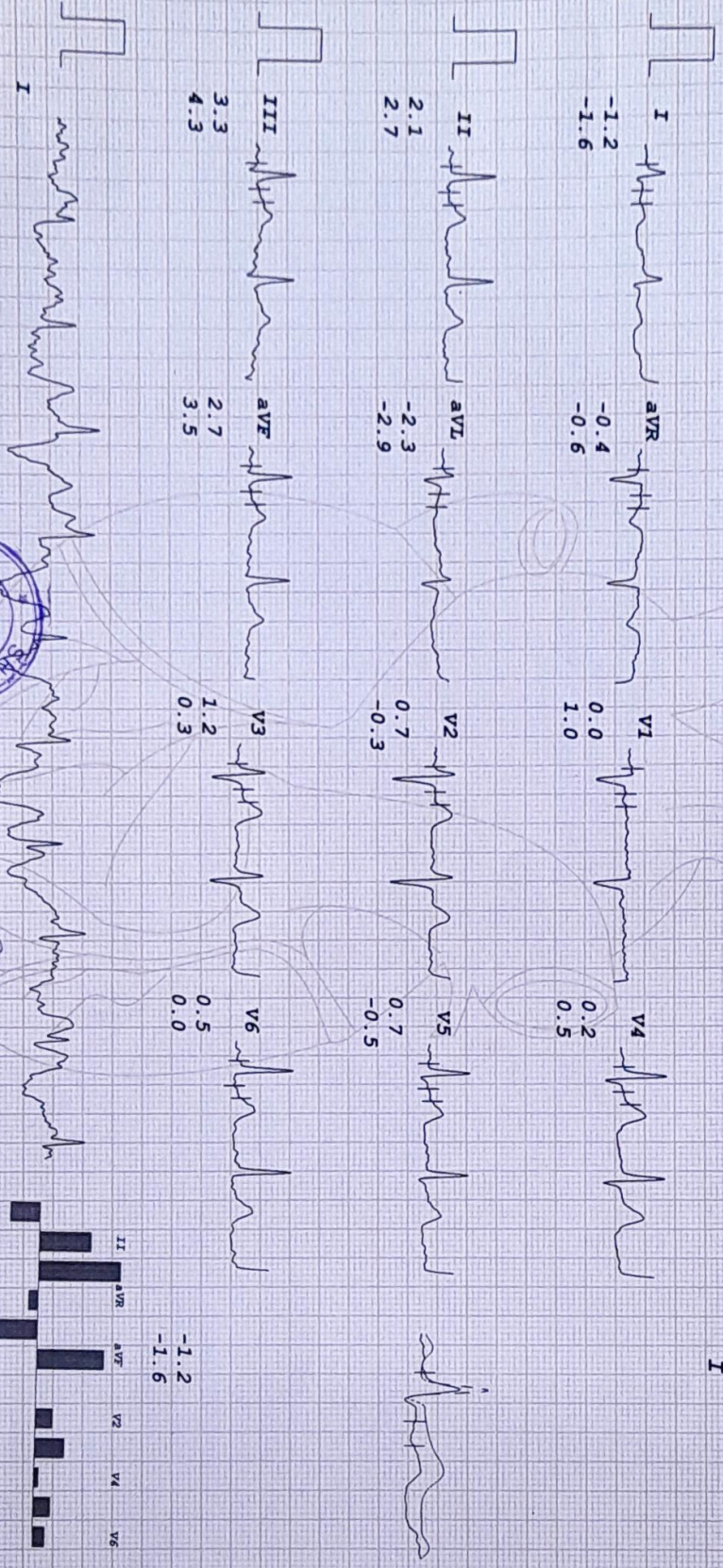
RATE 91bpm
 B.P. 122/80

Bruce
 Stage 1
 TOTAL TIME 2:55
 PHASE TIME 2:55

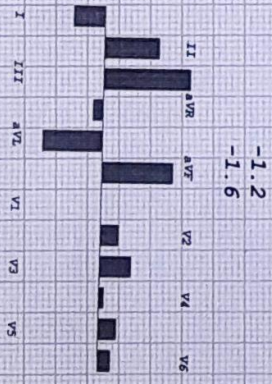
ST @ 10mm/mV
 80ms PostJ
 Speed 2.7 km/hr
 SLOPE 10 %

LINKED MEDIAN

Mag. X 2



DR. RAJ KUMAR
 M.D. (Medicine)
 Card. ENI



SHRI DURGA HEALTH CARE

YACHNA SURI
I. D. 30
Age 45/F
Date 14/11/2024

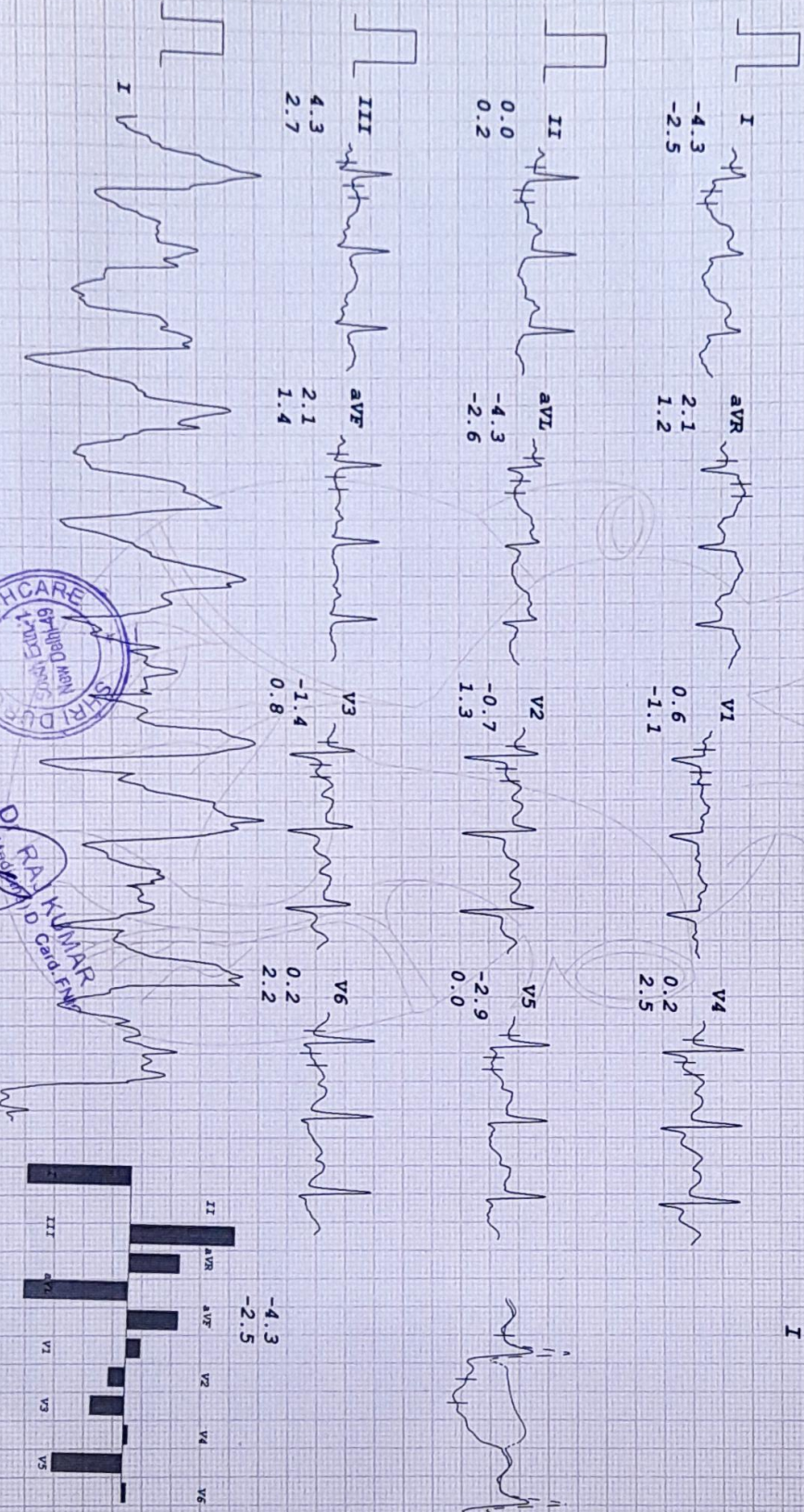
RATE 119bpm
B.P. 140/90

Brucce
Stage 2
TOTAL TIME 5:55
PHASE TIME 2:55

ST @ 10mm/mv
80ms PostJ
Speed 4 km/hr
SLOPE 12 %

LINKED MEDIAN

Mag. X 2



M.D. RAS KUMAR
(Medicine)
D. Card. F.M.C.

SHRI DURGA HEALTH CARE

YACHNA SURI
 I.D. 30
 Age 45/F
 Date 14/11/2024

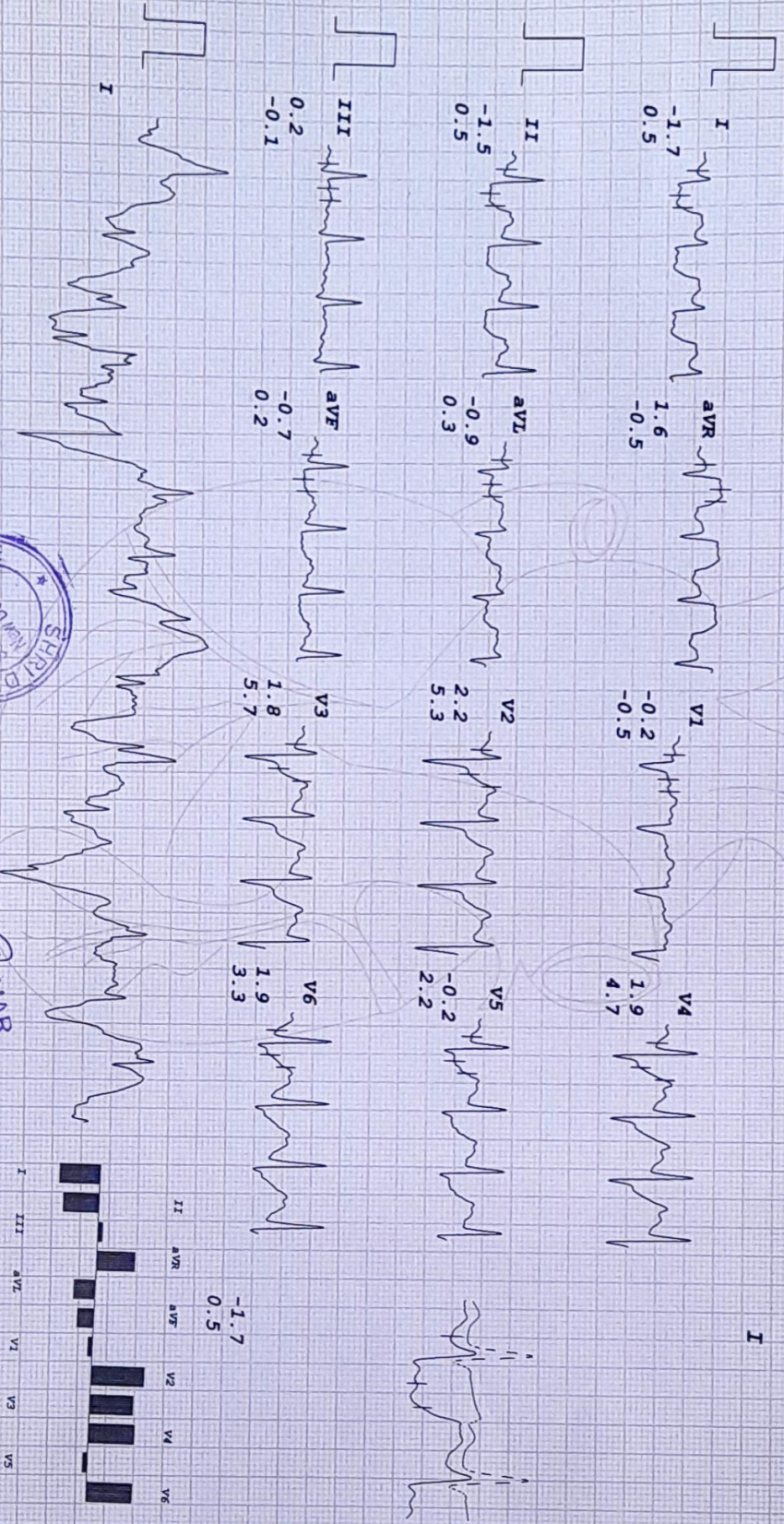
RATE 152bpm
 B.P. 158/98

Bruce
 PK-EXERCISE
 TOTAL TIME 7:44
 PHASE TIME 1:44

ST @ 10mm/mV
 80ms Post J
 Speed 5.4 km/hr
 SLOPE 14 %

LINKED MEDIAN

Mag. X 2



DR. RAJESH KUMAR
 M.D. (Med) Card. ENR

YACHNA SURI

I.D. 30

Age 45/F

Date 14/11/2024

SHRI DURGA HEALTH CARE

RATE 133bpm

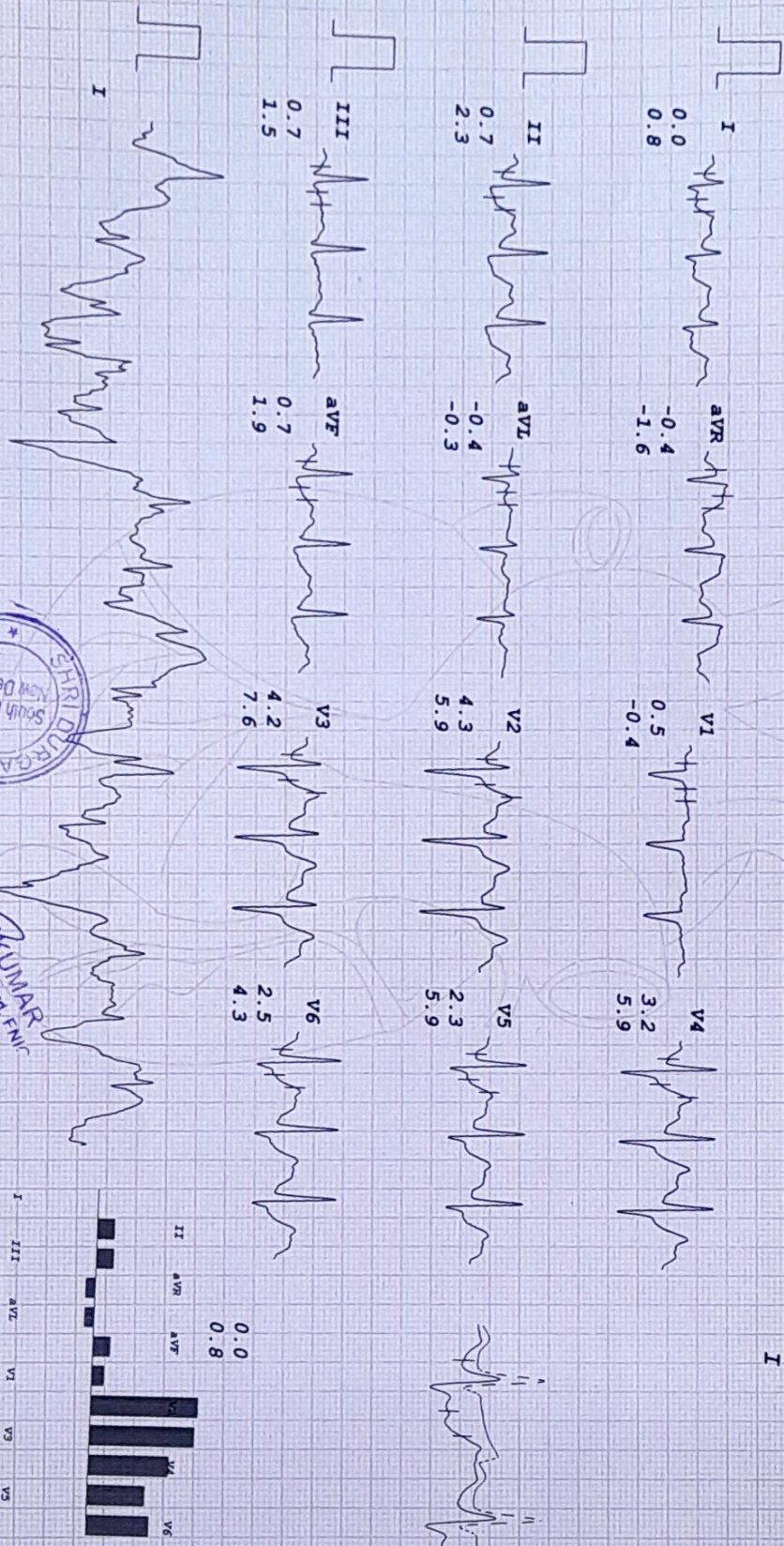
B.P. 158/98

Brice
RECOVERY
TOTAL TIME 8:21
PHASE TIME 0:29

ST @ 10mm/mV
80ms Post-T

LINKED MEDIAN

Mag. X 2



DR. P. K. KUMAR
M.D. (Medicine) - Card. FNI

YACHNA SURI

I.D. 30

Age 45/F

Date 14/11/2024

RATE 91bpm

B.P. 142/88

SHRI DURGA HEALTH CARE

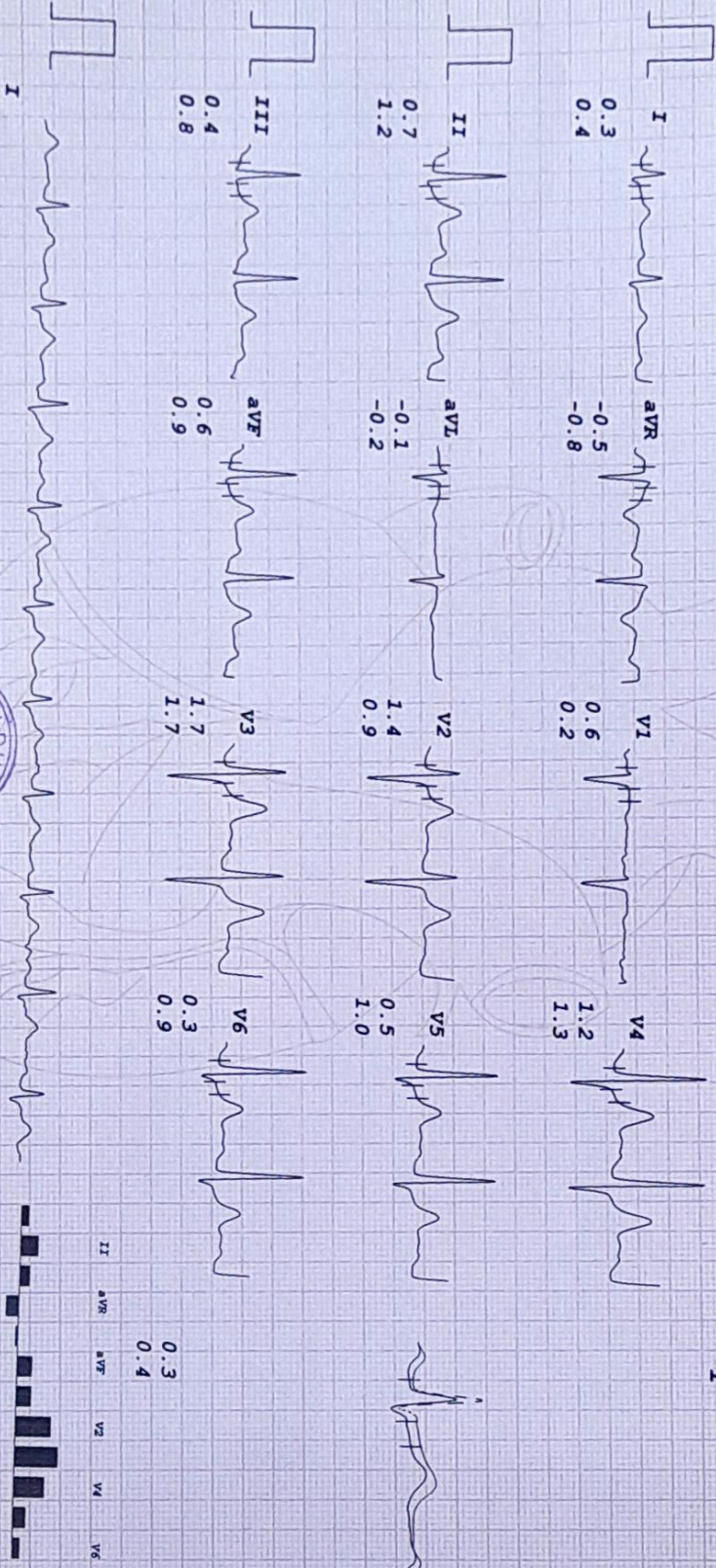
Bruce
RECOVERY

TOTAL TIME 10:47
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2



DR. P. KUMAR
M.D. (Medicine) Card-FMC

SHRI DURGA HEALTH CARE

YACHNA SURI
I. D. 30
Age 45/F
Date 14/11/2024

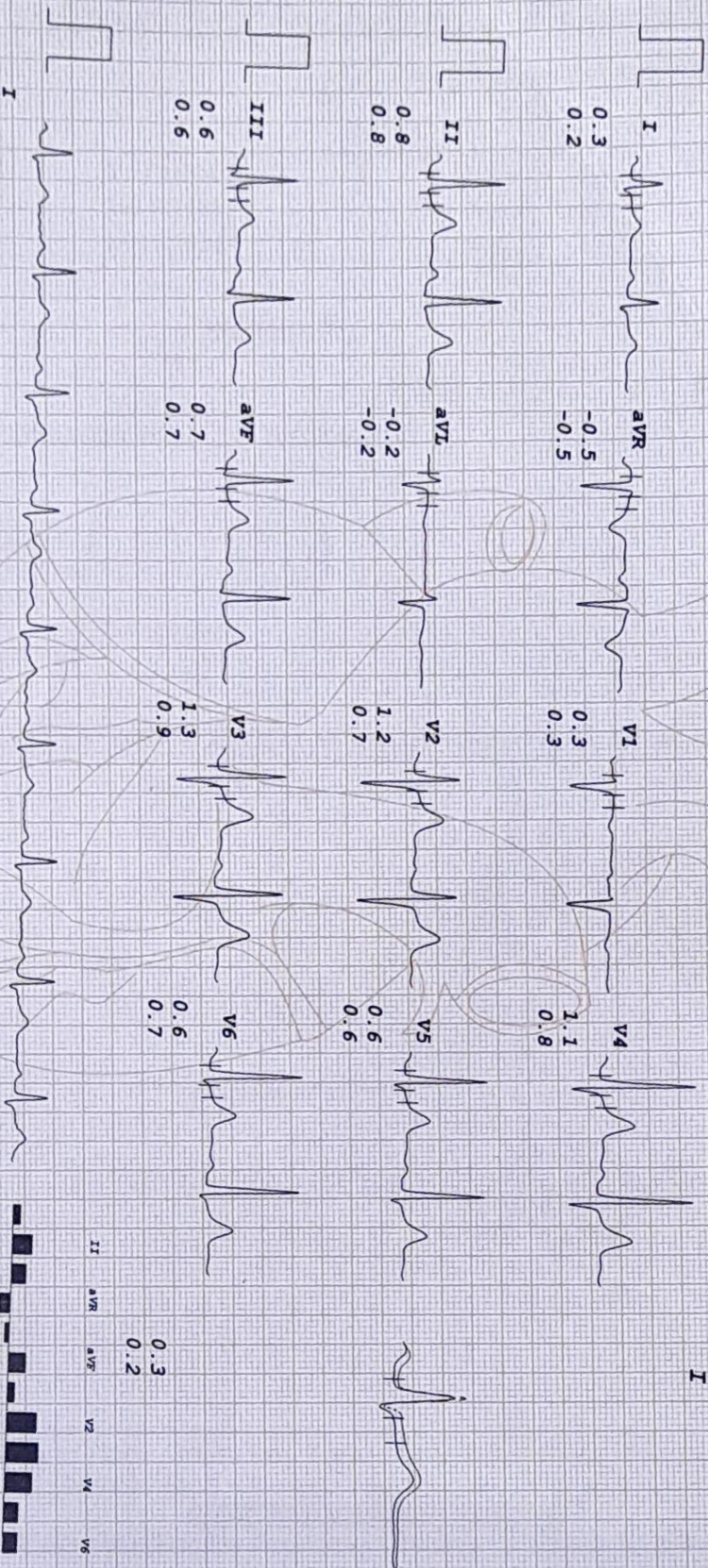
RATE 80bpm
B.P. 126/84

Bruce
RECOVERY
TOTAL TIME 13:47
PHASE TIME 5:55

ST @ 10mm/mV
80ms Post J

LINKED MEDIAN

Mag. X 2



M.D. J. D. RAJ KUMAR
Card. Phys.



Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	YACHNA SURI	Sex:	FEMALE
Lab. No:	202401101	Age:	45
Date:	14/11/2024	Ref. By	LIC

HAEMATOLOGY

Test Name	Method	Value Units
GLYCOSYLATED HEMOGLOBIN (HbA1c)	TURBIDOMETRY	5.5%

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*****

Dr. SAFNA RANA
MBBS, M.D. (Path)



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:	YACHNA SURI	Sex:	FEMALE
Lab. No:	202401101	Age:	45
Date:	14/11/2024	Ref. By	LIC

Haemogram

TEST NAME		UNIT	NORMAL VALUE
Hemoglobin (HB)	13.5	mg/dl	13.2 - 16.2 (M) 12.0 - 15.2 (F)
Total Leukocyte Count	6,900	cells/cmm	4,000-11,000
Differential Leukocyte Count*			
Neutrophils	68	%	45 - 75
Lymphocyte	25	%	20 - 35
Eosinophil	05	%	01 - 06
Monocyte	02	%	02 - 10
Basophile	00	%	00 - 01
Band Form	00	%	-----
RBC	4.5	million/cmm	3.5 - 5.5
PCV	40.5	%	36 - 52
MCV	90	fl	78 - 98
MCH	30	pg	27 - 32
MCHC	33	%	32 - 38
E S R (Wintrob's method)	10	mm/hr	0 - 15
PLATELETS COUNT	2.65	Lac/cmm	1.5 - 4.5

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



SDHC

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:	YACHNA SURI	Sex:	FEMALE
Lab. No:	202401101	Age:	45
Date:	14/11/2024	Ref. By	LIC

Test Name	SBT13	Unit	Normal Value
FBS	102	mg/dl	70 - 110
Total Cholesterol	160	mg/dl	120 - 220
High Density Lipid (HDL)	40	mg/dl	35-70
Low Density Lipid (LDL)	94	mg/dl	50 - 150
S. Triglycerides	126	mg/dl	25 - 160
S.Creatinine	0.8	mg/dl	0.7 - 1.4
Blood Urea Nitrogen (BUN)	12	mg/dl	6.0 - 21
S. Protien	7.2	g/dl	6.4 - 8.2
Albumin	3.9	g/dl	3.4 - 5.0
Globulin	3.3	g/dl	2.3 - 3.3
A:G Ratio	1.1	g/dl	
S. Bilirubin	0.6	mg/dl	0.1 - 1.00
Direct	0.3	mg/dl	0.00 - 0.3
Indirect	0.3	mg/dl	0.00 - 0.7
SGOT(AST)	30	IU/L	5 - 40
SGPT(ALT)	38	IU/L	5 - 45
GGTP(GGT)	26	IU/L	11 - 50
S.Alkaline Phosphatase	99	IU/L	15 - 112
HIV 1&2 Elisa (Method)	NEGATIVE	-	NEGATIVE
HbsAg (Australia antigen)	NEGATIVE	-	NEGATIVE

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



SDHC

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:	YACHNA SURI	Sex:	FEMALE
Lab. No:	202401101	Age:	45
Date:	14/11/2024	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*****



SDHC

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:	YACHNA SURI	Sex:	FEMALE
Lab. No:	202401101	Age:	45
Date:	14/11/2024	Ref. By	LIC

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

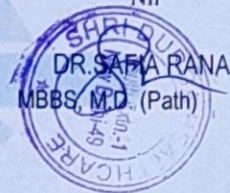
<u>TEST NAME</u>	<u>VALUE</u>	<u>NORMAL VALUE</u>
Color	P. Yellow	P. Yellow
Quantity	15ml	
Appearance	Clear	Clear
Reaction	Acidic	Acidic
Deposits	Nil	Nil
Specific Gravity	1.025	1.010 - 1.030

CHEMICAL EXAMINATION

Albumin	Nil	Nil
Sugar	Nil	Nil

MICROSCOPIC EXAMINATION

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



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)

sdurga

HEALTHCARE

(CHAUDHARY DURGA SINGH)
HEALTHCARE PRIVATE LIMITED

HARINDER
DR. SIDHARTH
DR. POOJA



GPS Map Camera



New Delhi, Delhi, India

D-63, near Bank of Baroda, South Extension I, Block D, New Delhi, Delhi 110003, India

Lat 28.572248°

Long 77.221445°

14/11/24 08:46 AM GMT +05:30

Dr. PREETI

