

Health Check up Booking Request(43E1707)

1 message

5 November 2024 at 16:07

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 : MR SUMIT ROY
Proposal No : 6469
Branch Code : 310
Contact Details : 9920250156
Location : D63, Har Gyan Singh Arya Marg, South Extension I, Block D, New Delhi, Delhi 110049
Appointment Date : 06-11-2024

Member Information		
Booked Member Name	Age	Gender
MR SUMIT ROY	43 year	Male

Included Test -

- Complete Heamogram
- HbA1c
- Urine Analysis
- SBT-13 with Elisa Method HIV test
- Computerised Tread Mill Test (TMT)
- ECG
- Physical Medical Examination Report (PMER) Rs. 1,00,00,000/- and above

Thanks,
Medsave
Team



आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

SUMIT ROY

CHANDAN ROY

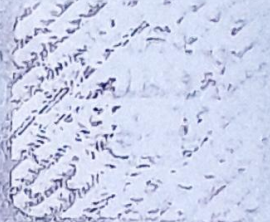
18/08/1981

Permanent Account Number

AIGPR0089N

Sumit Roy

Signature



30112005

Sumit Roy

M
Dr. MAHESH PAL
MBBS, (MD)



CERTIFICATION & DECLARATION FORMAT

To,
LIC of India
Branch Office

310

6469

Proposal No

Name of Life to be assured:

Smit Roy

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 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

MD

on the

6/11/24

day of 2024

at

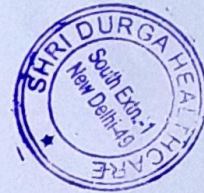
8.20

a.m./p.m.

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

DR. MAHESH PAL
(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.....

Smit Roy

Reports enclosed.

- 1..... FMA
- 2..... ECG
- 3..... HbA1c
- 4..... SBP+DBP
- 5..... RVA
- 6..... HbA1c
- 7..... CTMT



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

Branch Code: 370
 Proposal/Policy No: 8469
 MSP name/code: 0018
 Date & Time of Examination: 86/11/24
 Medical Diary No & Page No:

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

ID Proof No: A74PR0089M

8:00 AM

[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. M. Pal (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

Signature/Thumb impression of Life to be assured
Sunita

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

1 Full name of the life to be assured: Sunita Roy
 2 Date of Birth: 18/3/81 Age: 43 Gender: female
 3 Height (In cms): 180 Weight (In kgs): 95
 4 Required only in case of Physical MER

Pulse: 80
 Blood Pressure (2 readings):
 1. Systolic 124 Diastolic 84
 2. Systolic 124 Diastolic 84

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>

Dr. MAHESH PAL
 MBBS (MD)



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>	NO
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>	NO
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?	NO
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.?	NO
12	Suffering or ever suffered from any Blood disorder like anaemia, thalassemia or any Circulatory disorder?	NO
13	Suffering or ever suffered from any form of cancer , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	NO
14	Suffering or ever suffered from Epilepsy, nervous disorder , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	NO
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?	NO
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?	NO
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>	NO NO
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?	NO
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.)	NO
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.	NO



Dr. MAHESH PAL
MBBS. (MD)

For Female Proponents only		
i.	Whether pregnant? If so duration.	NA
ii.	Suffering from any pregnancy related complications	
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	

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

Declaration
 You Mr/Ms Sumit Roy 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.

Sumit Roy
 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:
 Date:
 Stamp:

ND
 6/11/24

Signature of Medical Examiner
 Name & Code No:
 DR. M. K. PAL (MD)



LIFE INSURANCE CORPORATION OF INDIA

Zone

Division

Branch

Proposal No.

Agent/D.O. Code:

Full Name of Life to be assured: *Sumit Roy*

Age/Sex : *43/M*

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. *Sumit Roy*

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 *6/11/2024*

Signature of L.A. *Sumit Roy*

Signature of the Cardiologist *Dr. Rajendra Kumar*
Name and Address

DR. RAJENDRA KUMAR
M.D. (Medicine) FICM

Qualification Code No.



Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
18	95	124/84	80

(B) Cardiovascular System

NAD

Rest ECG Report:

Position	Supine	P Wave	Normal
Standardisation Impv	10k	PR Interval	Normal
Mechanism	Normal	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	60k	T-wave	Normal
Ventricular Rate	60k	Q-Wave	Normal
Rhythm	Sinus		
Additional findings, if any.	No		

Conclusion:

WNL

Dated at

MD

6/11/24

on the day of

2024

8.00 AM

Signature of the Cardiologist

Name & Address

Qualification

Code No.



SHRI DURGA HEALTH CARE

Mr. SUMIT ROY
 LD : 06
 AGE/SEX : 43 Yr/M
 HT/WT : /
 DATE : 06-11-2024 08:27:07 AM
 REF BY : Dr
 MACHINE INTERPRETATION : Normal ECG.

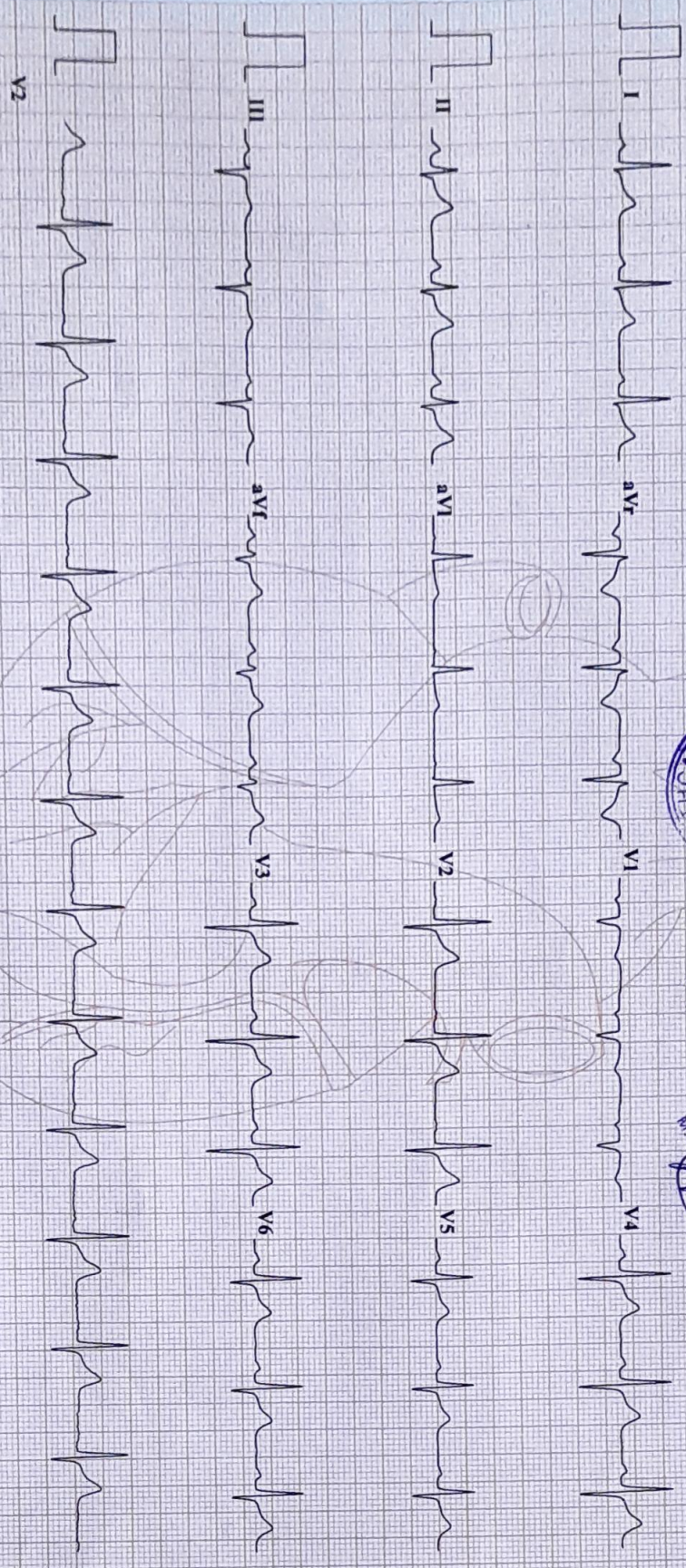
RATE : 80 bpm
 BP : N/A
 P Axis : 50 deg
 QRS Axis : -7 deg
 T Axis : 46 deg

P Duration : 89 ms
 PR Duration : 145 ms
 QRS Duration : 92 ms
 QT Interval : 330 ms
 QTc Interval : 366 ms

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



Dr. RAJ KUMAR
 M.D. (General P. Care) F.M.C.



Filtered(35 Cycle) And Base Corrected

UNL-EM, Iddare - Tel: +91-731-4030035, Fax: +91-731-4031180, E-Mail: em@electromedics.net, Web: www.unl-em.com, ECG Ver 1.1.0

Dr:



Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	SUMIT ROY	Sex:	MALE
Lab. No:	202401101	Age:	43
Date:	6/11/2024	Ref. By	LIC

Haemogram

TEST NAME		UNIT	NORMAL VALUE
Hemoglobin (HB)	14.6	mg/dl	13.2 - 16.2 (M) 12.0 - 15.2 (F)
Total Leukocyte Count	7,000	cells/cmm	4,000-11,000
Differential Leukocyte Count*			
Neutrophils	70	%	45 - 75
Lymphocyte	25	%	20 - 35
Eosinophil	02	%	01 - 06
Monocyte	03	%	02 - 10
Basophile	00	%	00 - 01
Band Form	00	%	-----
RBC	4.86	million/cmm	3.5 - 5.5
PCV	43.8	%	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	2.99	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:	SUMIT ROY	Sex:	MALE
Lab. No:	202401101	Age:	43
Date:	6/11/2024	Ref. By	LIC

Test Name	SBT13	Unit	Normal Value
FBS	90	mg/dl	70 - 110
Total Cholesterol	182	mg/dl	120 - 220
High Density Lipid (HDL)	42	mg/dl	35-70
Low Density Lipid (LDL)	115	mg/dl	50 - 150
S. Triglycerides	124	mg/dl	25 - 160
S.Creatinine	0.9	mg/dl	0.7 - 1.4
Blood Urea Nitrogen (BUN)	16	mg/dl	6.0 - 21
S. Protien	7.5	g/dl	6.4 - 8.2
Albumin	4.3	g/dl	3.4 - 5.0
Globulin	3.2	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)	34	IU/L	5 - 40
SGPT(ALT)	40	IU/L	5 - 45
GGTP(GGT)	46	IU/L	11 - 50
S.Alkaline Phosphatase	108	IU/L	15 - 112
HIV 1&2 Elisa (Method)	NEGATIVE	-	NEGATIVE
HbsAg (Australia antigen)	NEGATIVE		NEGATIVE



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:	SUMIT ROY	Sex:	MALE
Lab. No:	202401101	Age:	43
Date:	6/11/2024	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	2-2	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



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:	SUMIT ROY	Sex:	MALE
Lab. No:	202401101	Age:	43
Date:	6/11/2024	Ref. By:	LIC

HAEMATOLOGY

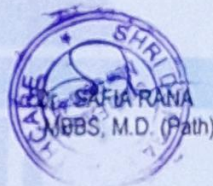
Test Name	Method	Value	Units
GLYCOSYLATED HEMOGLOBIN (HbA1c)	TURBIDOMETRY	5.6%	

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*****



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)

LIFE INSURANCE CORPORATION OF INDIA
COMPUTERISED TREADMILL TEST

ANNEXURE II - 2

Form No. LIC03 - 003

Zone _____ Division _____ Branch _____
Proposal No. _____

Agent/D.O. Code: _____ Introduced by: (name & signature)

Full Name of Life to be assured: Sumit Roy

Age/Sex: 43/M

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.

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

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

MD 6/11/24 [Signature]

Dated at _____ on the day of _____ 2024

Signature of L.A. [Signature]

[Signature] of the Cardiologist
Name & Address _____
Qualification _____
M. Code No. _____



COMPUTERISED TREADMILL TEST

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

Reporting Pattern

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP
PRETEST	SUPINE					92	124/84	114
	SITTING							
	STANDING					91	124/87	112
	HYPERVENTILATION					90	124/84	111
	WARM UP							
EXERCISE	STAGE 1	2.57	2.7	10	6.67	119	124/84	147
	STAGE 2	2.57	4	12	7.04	146	142/94	207
	STAGE 3							
	PEAK EXERCISE	1.4	5.4	14	8.13	159	164/102	260
RECOVERY	RECOVERY	0.25				152	164/92	249
	RECOVERY	2.55				106	146/94	154
	RECOVERY	5.51				86	120/90	107

The protocol used - BRUCE

Total Exercise Time - 9.4

Maximum Blood Pressure - 164/102

Maximum Workload - 8.13

Maximum heart rate 160 Maximum predicted heart rate 90 %

Reason for termination -

Comments:

Negative for RMI

Signature of the Cardiologist
Name of the Cardiologist
Qualification Code No.

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

TREADMILL TEST REPORT

SUMIT ROY
 ID : 19
 DATE : 06/11/2024
 AGE/SEX : 43 / M
 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					92	124 / 84	114	2			
STANDING					91	124 / 84	112	2.4			
HYPERVENT					90	124 / 84	111	1.9			
Stage 1	2:55	0:11	2.7	10	119	124 / 84	147	2			4.67
Stage 2	5:55	2:55	4	12	146	142 / 94	207	1.4			7.04
PK-EXERCISE	7:41	1:4	5.4	14	159	164 / 102	260	1.6			1.4
RECOVERY	7:41	0:29			152	164 / 102	249	2.2			2.1
RECOVERY	10:7	2:55			106	146 / 94	154	0.8			0.7
RECOVERY	13:7	5:55			81	130 / 90	105	0.9			0.6

RESULTS

EXERCISE DURATION : 7:4
 MAX HEART RATE : 160 bpm
 MAX BLOOD PRESSURE : 164 / 102 mm Hg
 REASON OF TERMINATION :
 BP RESPONSE :
 ARRHYTHMIA :
 H.R. RESPONSE :

MAX WORK LOAD : 8.13 METS

IMPRESSIONS

*Negative for RMI
 fix effort to level*

DR. RALKUMAR
 M.D. (Medicine) and FNIP



Technician :

SHRI DURGA HEALTH CARE

SUNIT ROY
 I.D. 19
 Age 43/M
 Date 06/11/2024

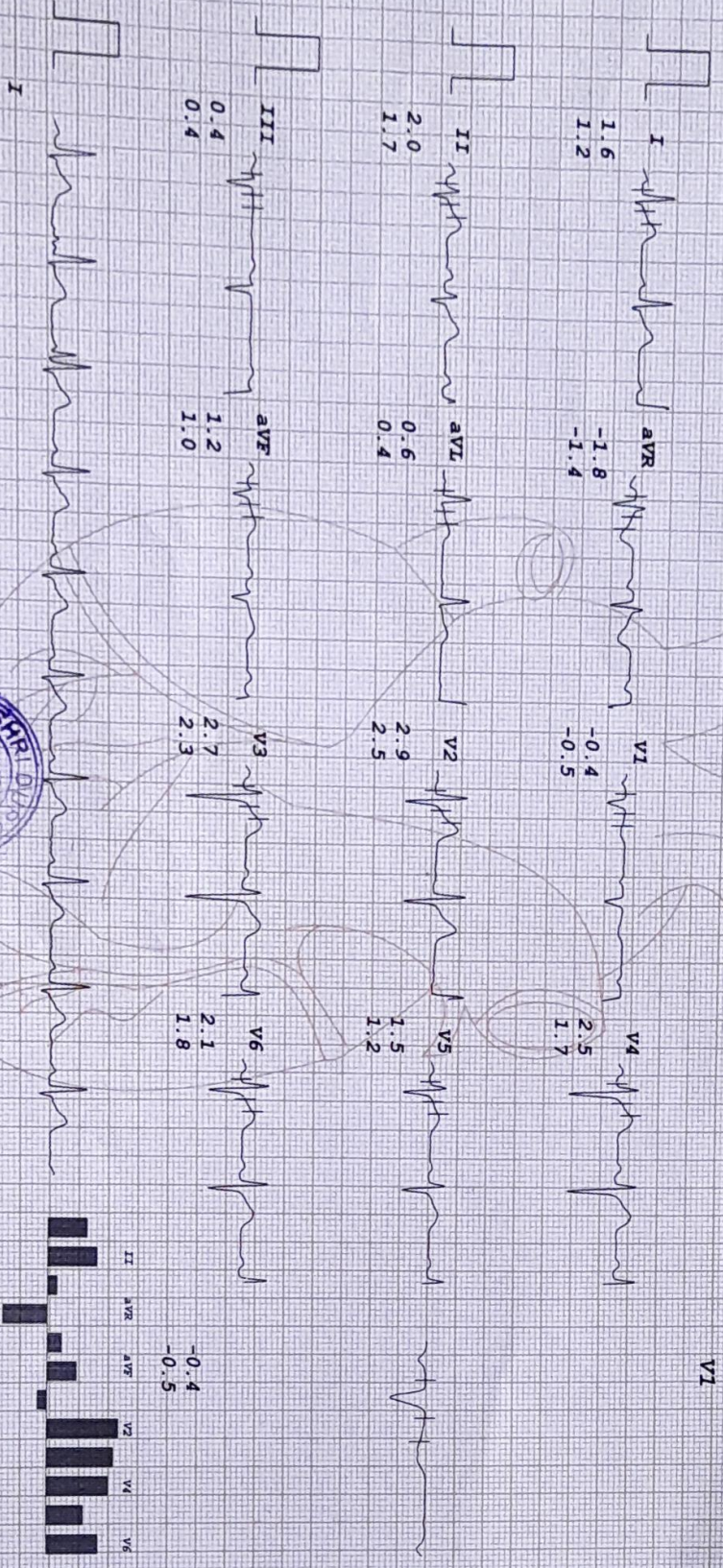
RATE 92bpm
 B.P. 124/84

PRETEST
 SUPINE

ST @ 10mm/mV
 80ms Post J

LINKED MEDIAN

Mag. X 2



DR. RAJ KUMAR
 M.D. (Gen. Med.)
 (F)CCID, C.B.I.D., F.M.C.

SHRI DURGA HEALTH CARE

PRETEST
STANDING

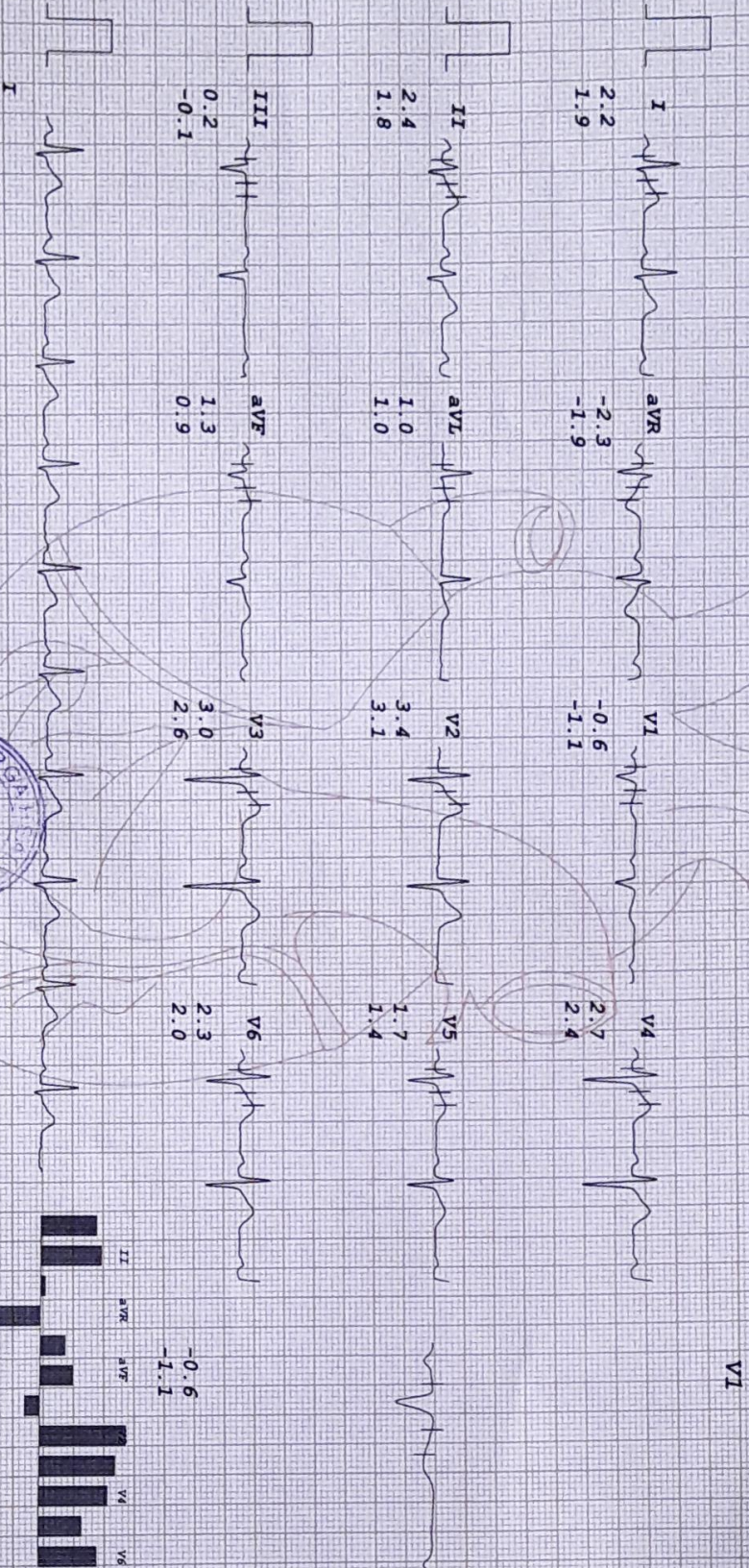
ST @ 10mm/mV
80ms PostJ

SUMIT ROY
I.D. 19
Age 43/M
Date 06/11/2024

RATE 91bpm
B.P. 124/84

LINKED MEDIAN

Mag. X 2



DR. RAJKUMAR
M.D. (Medicine) D. Card. F.M.S.

SHRI DURGA HEALTH CARE

SUMIT ROY
 I.D. 19
 Age 43/M
 Date 06/11/2024

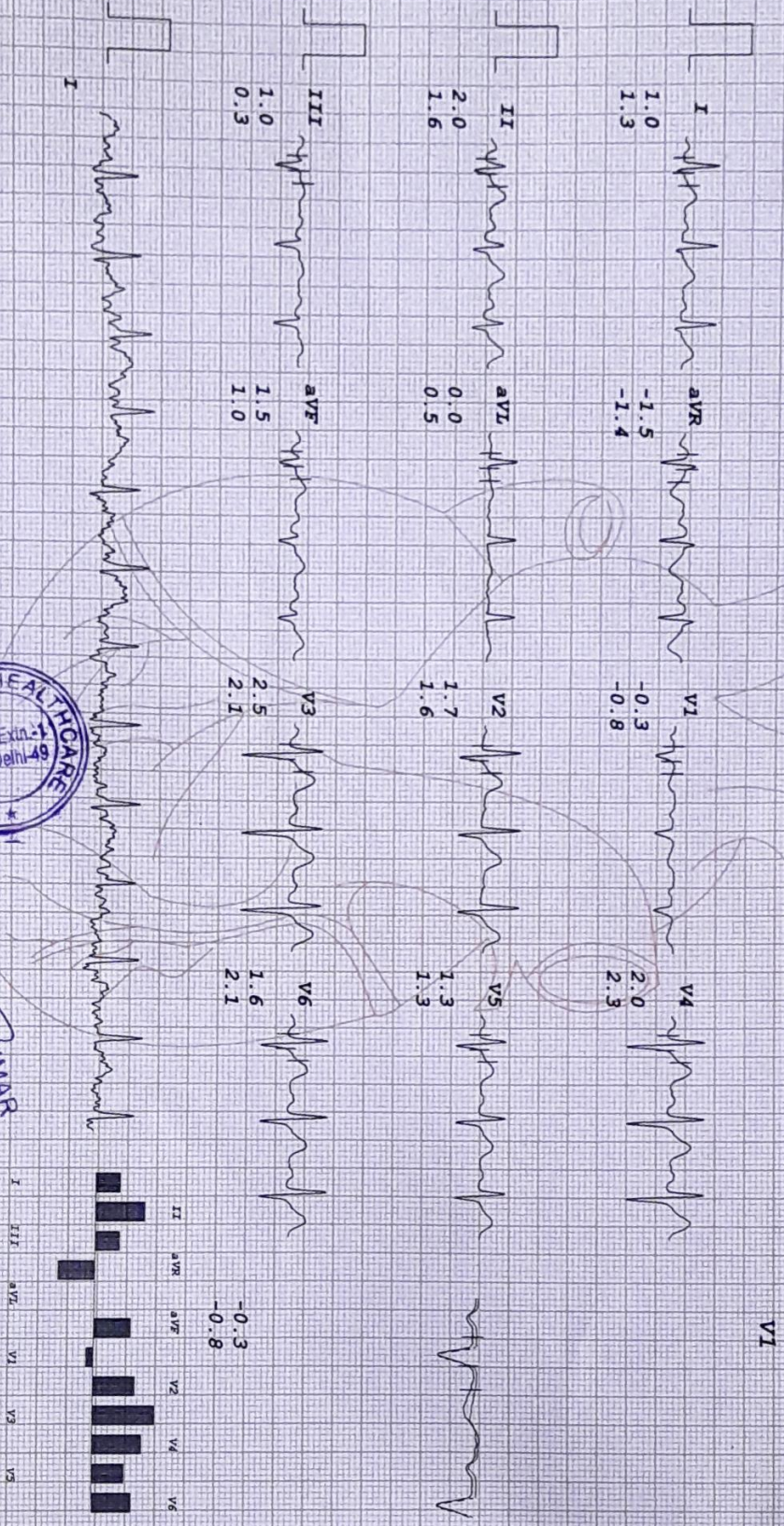
RATE 119bpm
 B.P. 124/84

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

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

LINKED MEDIAN

Mag. X 2



DR. RAJKUMAR
 MD (Internal Medicine)
 General Physician

SHRI DURGA HEALTH CARE

SOMIT ROY
I.D. 19
Age 43/M
Date 06/11/2024

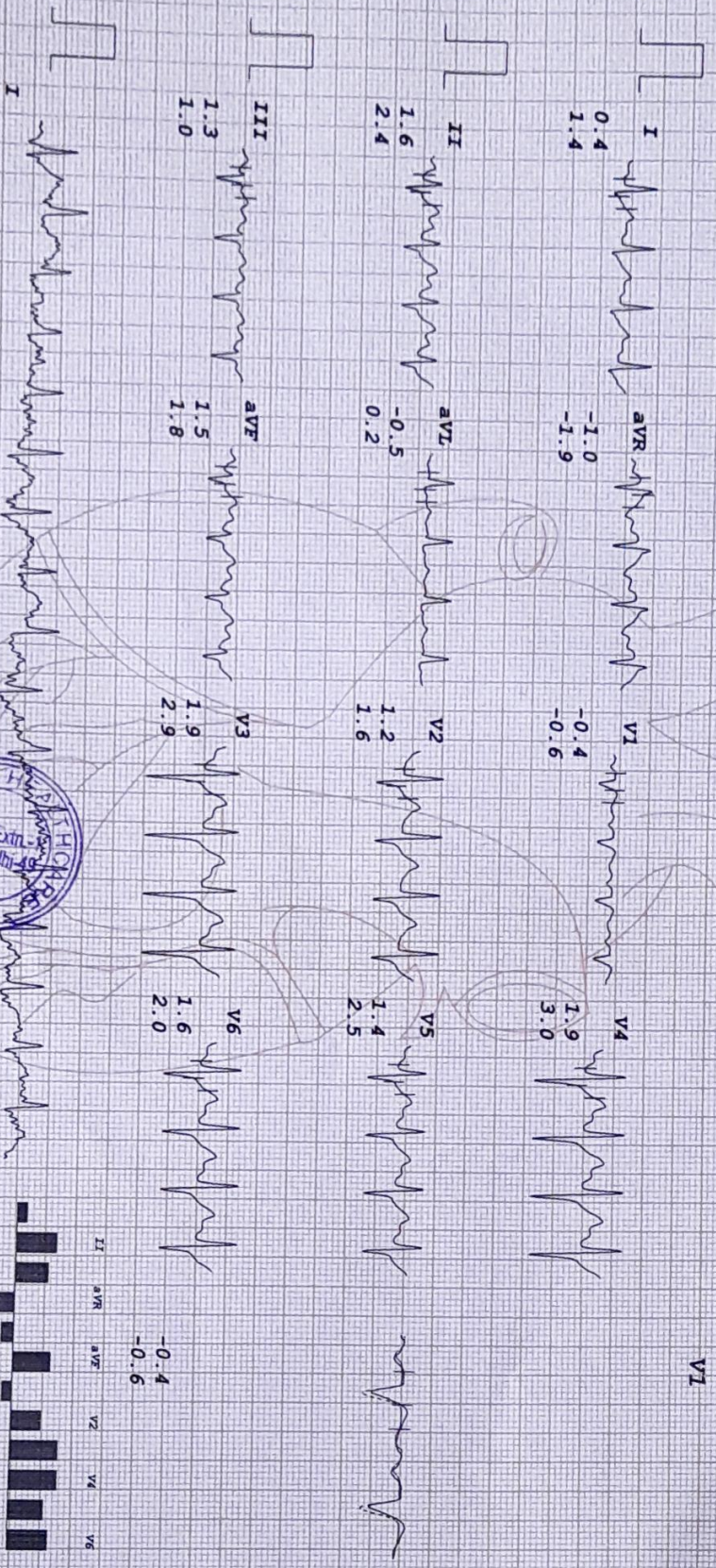
RATE 159bpm
B.P. 164/102

Bruce
PK-EXERCISE
TOTAL TIME 7:04
PHASE TIME 1:04

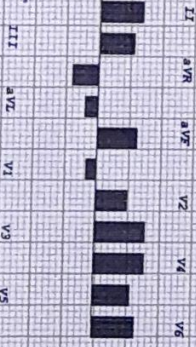
ST @ 10mm/mV
80ms PostJ
Speed 5.4 km/hr
SLOPE 14 %

LINKED MEDIAN

Mag. X 2



D. RAJ KUMAR
M.D. (General Medicine)
D. Card. Phys.



SHRI DURGA HEALTH CARE

SOMIT ROY
 I.D. 19
 Age 43/M
 Date 06/11/2024

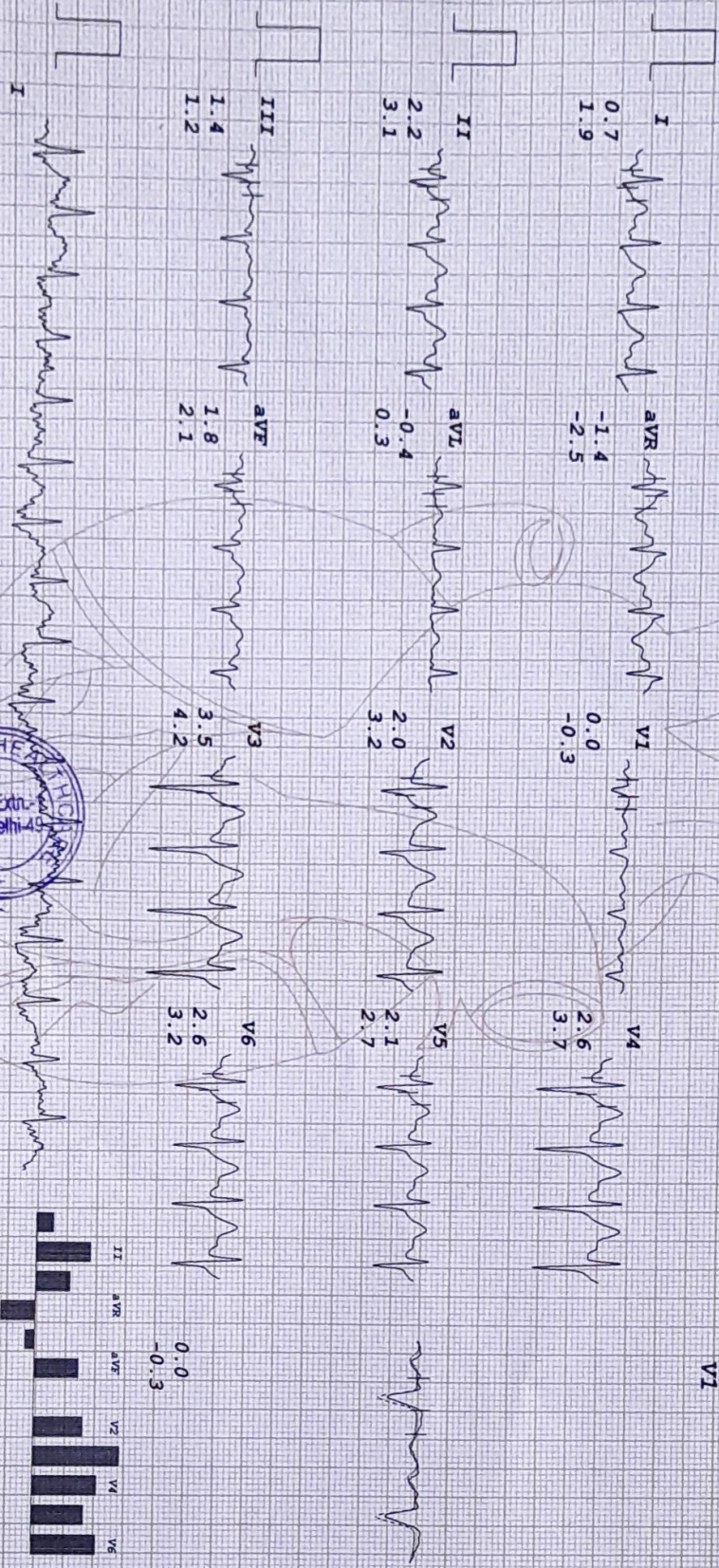
RATE 152bpm
 B.P. 164/102

BRUCE
 RECOVERY
 TOTAL TIME 7:41
 PHASE TIME 0:29

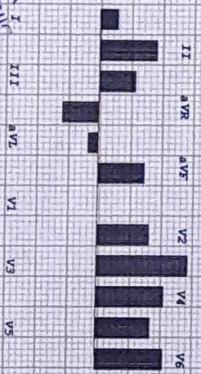
ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



DR. R. D. KUMAR
 M.D. (MBBS) (Genl) D. Card. (PNI)



SHRI DURGA HEALTH CARE

SUMIT ROY
I.D. 19

Age 43/M
Date 06/11/2024

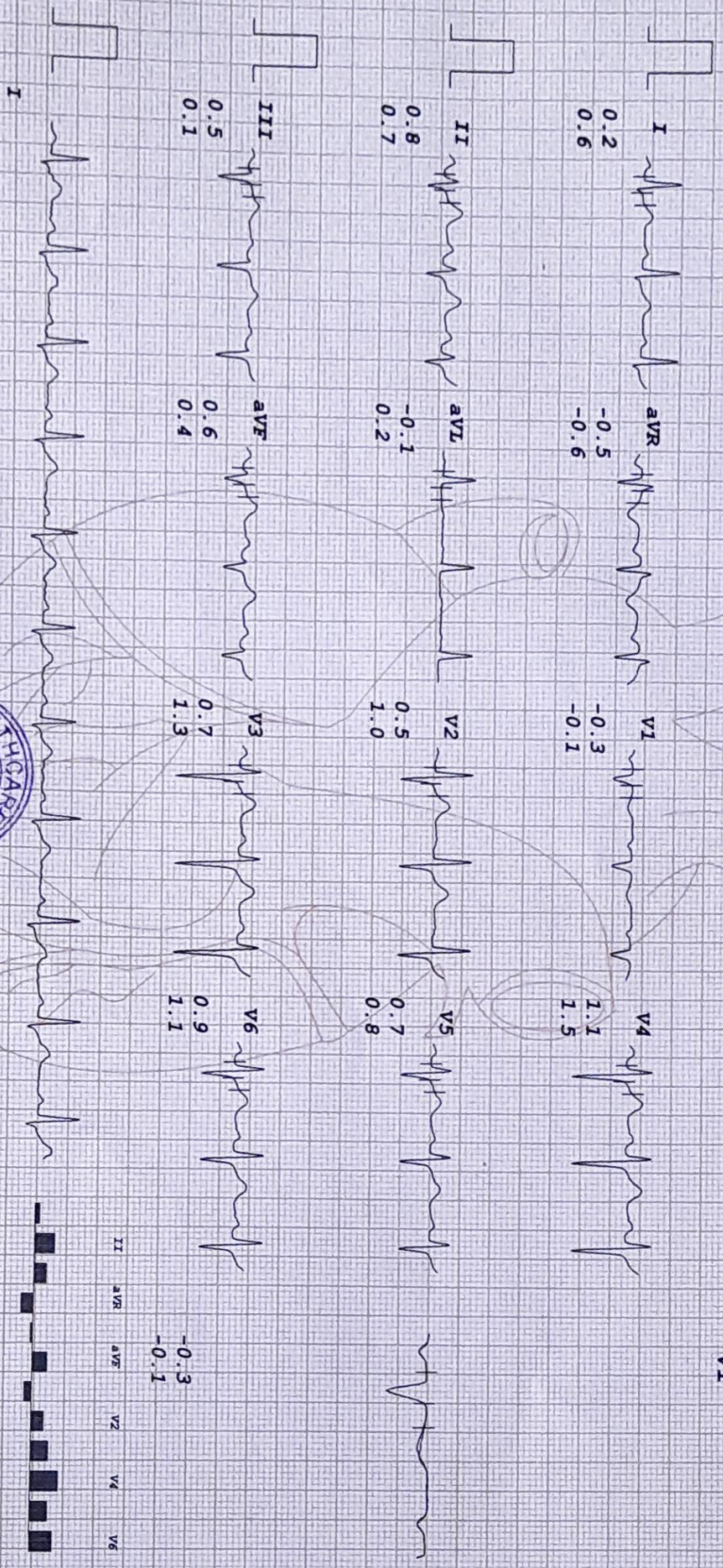
RATE 106bpm
B.P. 146/94

Brice
RECOVERY
TOTAL TIME 10:07
PHASE TIME 2:55

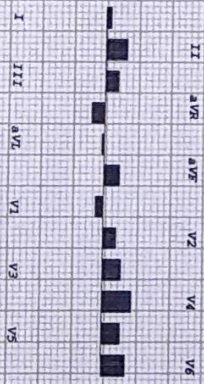
ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2



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



SHRI DURGA HEALTH CARE

SUMIT ROY
I.D. 19
Age 43/M
Date 06/11/2024

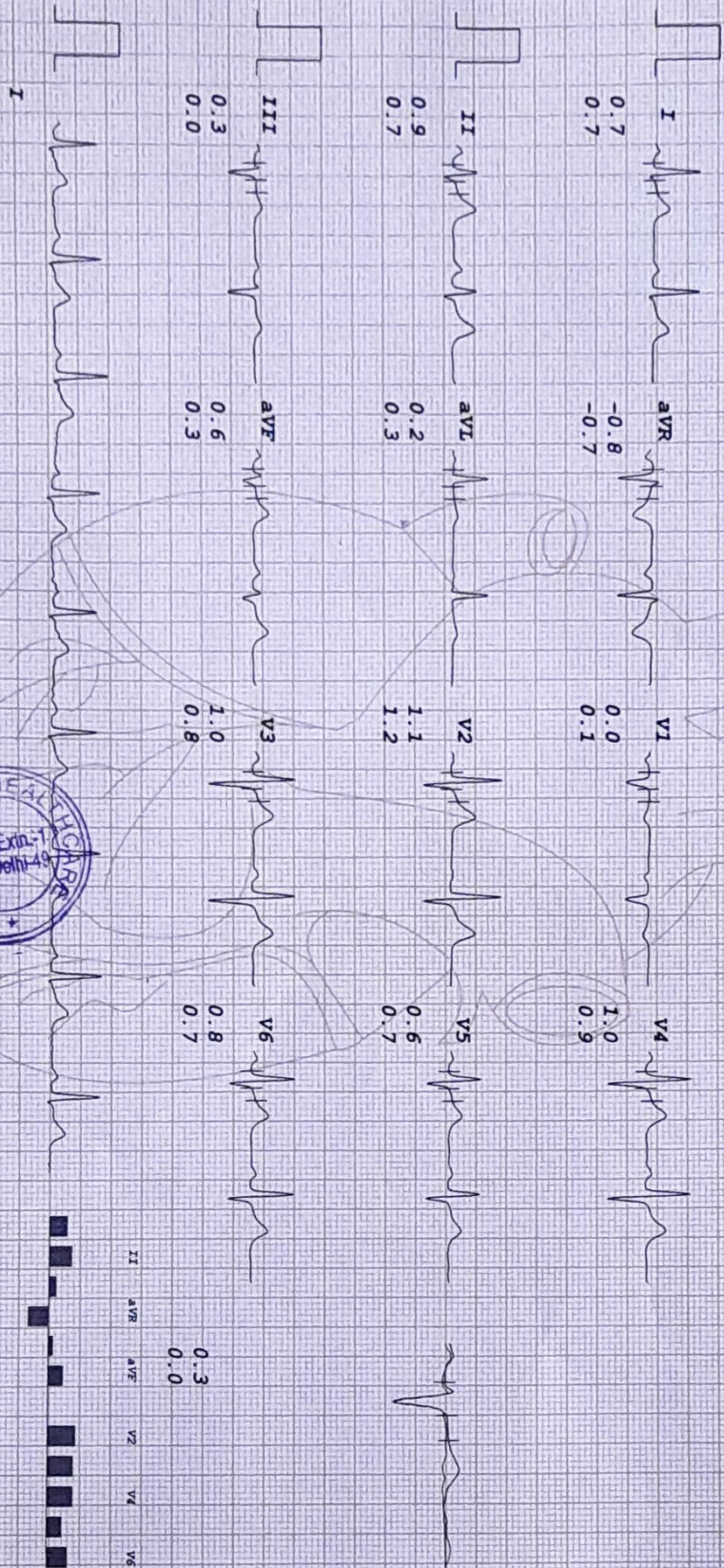
RATE 81bpm
B.P. 130/90

Recovery
TOTAL TIME 13:07
PHASE TIME 5:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2



DR. RAJKUMAR
M.D. (Medicine) D Card. ENI

sdurga HEALTHCARE
(CHAUDHARY DURGA SINGH)
HEALTHCARE PRIVATE LIMITED

DR. HARINDER
DR. SIDDHARTH
DR. POOJA



Dr. MAHESH PAL
MBBS (MD)



 **GPS Map Camera**



New Delhi, Delhi, India
D-63, near Bank of Baroda, South Extension I, Block D, New Delhi, Delhi 110003,
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Lat 28.572248°
Long 77.221445°
06/10/24 08:11 AM GMT +05:30