

Date: 23-11-2024

To,  
LIC of India  
Branch Office

Proposal No. 6544

Name of the Life to be assured CHANCHAL BHATNAGAR

The Life to be assured was identified on the basis of \_\_\_\_\_

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. RAJAKHAN  
MBBS, DMRD  
Reg. No. 25508

Name:

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

Chanchal Bhatnagar  
23-11-24  
(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	<input checked="" type="checkbox"/>
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	<u>TFT</u>

**Comment Medsave Health Insurance TPA Ltd.**

Authorized Signature,





# Life Insurance Corporation of India

(Established by the Life Insurance Corporation Act 1956)

\_\_\_\_\_  
DIVISION

Form No. LIC03-012

## PHYSICIAN'S REPORT

### DECLARATION

I, hereby authorise Dr RAJNA KHAN to intimate LIC of Indian all necessary information about my health obtained on history, examination including diagnosis and treatment.

I hereby declare that the statements and answers to Questions in Part One and Part Two of this report are true and complete and I do hereby declare that these will form part of the proposal dated 23/11/2024 given by me to LIC of India.

Chanchal Bhatnagar  
23-11-24  
Signature of the L.A.

### Part - I

1. Full Name of Life to be assured (L.A.) CHANCHAL BHATNAGAR

2. Has the L.A. suffered from -

Heart Disease	Hypertension	Diabetes
Y/N	Y/N	Y/N

(If yes, state name, address of the Consultant and submit all relevant papers with this form)

3. Does L.A. Consume Tobacco, snuff, and other narcotic substances in any form?

No. of Years	Quantity used	Date of cessation, if any
	NO	

4. Does L.A. consume alcoholic drinks?

No. of Years	Quantity used	Date of cessation, if any
	NO	

Date : 23/11/2024

Signature of Physician

Name :

Address :

Qualification :

Reg. No.

**Dr. RAJNA KHAN**  
MBS, DMRD  
Reg. No. 25508

Note : If Q.2 of Part - I is negative, no need of filling up Part - II



**Part - II**

1. Is L.A. ever treated/hospitalised for any heart disease, hypertension, and diabetes Y/N\*

Investigations	Treatment	Hospitalisation	Present status	Prognosis
		no		

2. Blood Pressure Reading

Current	At the time of detection of HT	Duration of HT, if taking regular treatment
	no	

3. Diabetes -

Date of Diagnosis	Type	Duration
	no	

4. Are there any symptoms / signs of

(a)	Renal Disease	no
(b)	Neurological involvement	no
(c)	Eye Involvement	no
(d)	Peripheral Vascular Disease	no
(e)	Any other infectious diseases (esp. TB)	no

5. Is L.A. taking regular treatment for above disease/s? *yes*

\* (Enclose all relevant papers with this form)

*Chetnal Bhatnagar*  
 23-11-24  
 Signature of the L.A.

Date :

*Dr. RAJIA KHAN*  
 M.D. BMRD  
 Reg. No. 25508

Signature of Physician  
 Name :  
 Address :

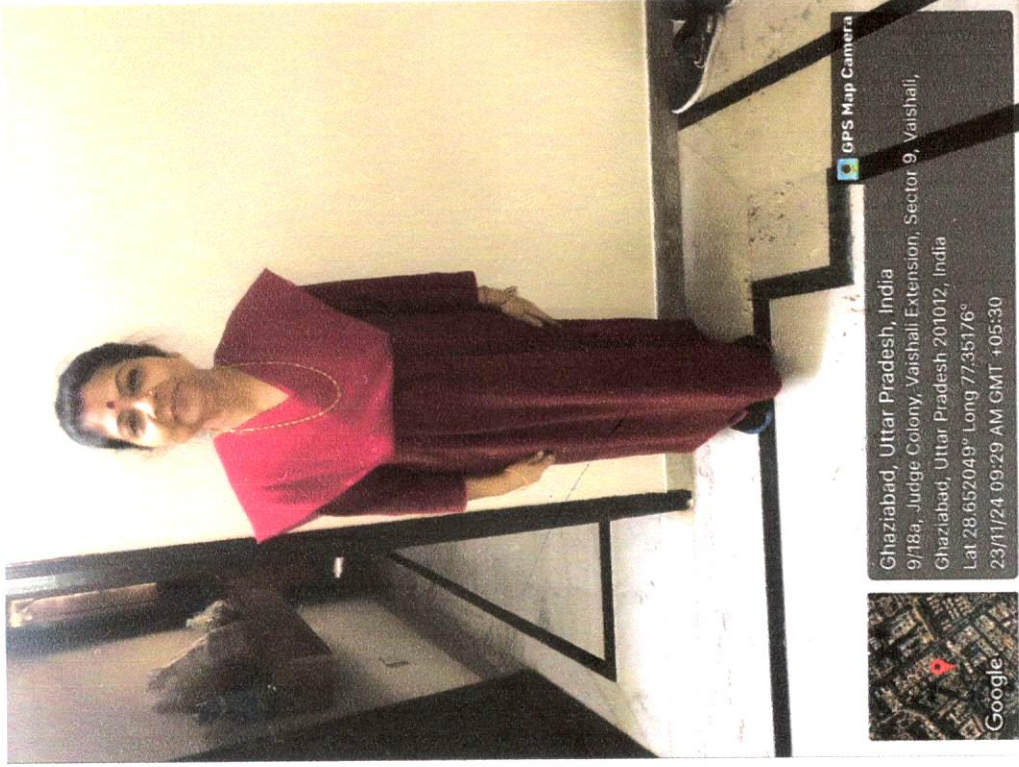
Qualification :  
 Reg. No.:



*Part II Q.5*

*No Hypo Thyroidist 7 year  
 took Thyronorm 95 mcg*

Dr. RAINA KHAN  
MCS, DMRD  
Reg. No. 25508



# irine diagnostic

healthpartner

S. No. : 23/NOV/201  
Name : MRS CHANCHAL BHATNAGAR AGE : 65Years  
Ref. by : LIFE INSURANCE CORPORATION SEX : FEMALE  
Date : 23-11-2024

## THYROID FUNCTION TEST

<u>INVESTIGATION</u> <u>REFERENCE RANGE</u>	<u>OBSERVED VALUE</u>	<u>UNITS</u>
TRIIODOTHYRONINE, TOTAL (T3) Chemiluminescence Immuno Assays (CLIA)	194	ng/dl 60-181
THYROXINE, TOTAL (T4) Chemiluminescence Immuno Assays (CLIA)	12.3	ug/dl 4.5-10.9
3 <sup>RD</sup> GEN. (TSH ULTRASENSITIVE) : Chemiluminescence Immuno Assays (CLIA)	8.96	Uiu/ml 0.35-5.50

### Comment:

THE LEVEL OF THYROID HORMONE (T3 & T4) ARE LOW IN CASE OF PRIMARY SECONDARY AND TERTIARY HYPOTHYROIDISM AND SOMETIMES IN NONTHYROIDAL ILLNESS ALSO INCREASES LEVELS ARE FOUND IN GRAVE S DISESASE HYPOTHYROIDISM AND THYROID HORMONE RESISTANCE T3 LEVELS ARE ALSO RAISES IN T3 THYROTOXICOSIS. TSH LEVELS ARE RAISED IN PRIMARY HYPOTHYROIDISM AND ARE LOW IN HYPOTHYROIDISM AND SECONDARY HYPOTHYROIDISM



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Consultant Pathologist

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DD-23 KALKAJI DELHI :- 110019