

# Health Check up Booking Request(43E1995)

1 message

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

19 November 2024 at 13:31



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?

No

Name

: MR RAKESH KUMAR YADAV

Proposal No

: 3219

**Branch Code** 

: 119

**Contact Details** 

: 9310995357

Location

D63, Har Gyan Singh Arya Marg, South Extension I, Block D,

New Delhi, Delhi 110049

Appointment Date

: 20-11-2024

Rooked M. J. Memb	er Information	
Booked Member Name	Age	Gender
MR RAKESH KUMAR YADAV	54 year	Male
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#### Included Test -

Complete Heamogram

Thanks. Medsave Team





## भारत सरकार GOVERNMENT OF INDIA



राकेश कुमार यादव Rakesh Kumar Yadav जन्म तिथि/ DOB: 01/08/1970 पुरुष / MALE



7190 8648 4465

मेरा आधार, मेरी पहचान



W. MAYNERS, IND



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### IDENTIFICATION & DECLARATION FORMAT

To, LIC of India Branch Office
Proposal No : 3219
Name of Life to be assured: Rakesh Kumar Yadar
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 report/s are enclosed.
I hereby declare that the person examined has signed (affixed his/her thumb impression) is the space earmarked below, in my presence and I am not related to him/her or the Agent of the Development Officer.
Dated at \Don the day of 202 \ at 2.2 \ a.m./p.m.
Signature of the Pathologist/Doctor (Name & Rubber stamp) Qualification:
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
Reports enclosed.
1. Heamo Joan 2



	RAKESH KUMAR YADAV	Sex:	MALE
Name:		Age:	54
Name: Lab. No:	202401101		LIC
Date:	20/11/2024	Ref. By	LIC

	Haemogram		
TEST NAME	14.9	<u>UNIT</u> mg/dl	NORMAL VALUE 13.2 - 16.2 (M)
Hemoglobin (HB)	14.5	9	12.0 - 15.2 (F)
Total Leukocyte Count	7,800	cells/cmm	4,000-11,000
Differential Leukocyte Count*		%	45 - 75
Neutrophils	70	%	20 - 35
Lymphocyte	25 03	%	01 - 06
Eosinophil		%	02 - 10
Monocyte	02 00	%	00 - 01
Basophile	00	%	
Band Form RBC	4.96	million/cmm	3.5 - 5.5
PCV	44.7	%	36 - 52
MCV	90	fl	78 - 98
MCH	30	pg	27 - 32
MCHC	33	%	32 - 38
E S R (Wintrobes method)	10	mm/hr	0 - 15
PLATELETS COUNT	2.65	Lac/cmm	1.5 - 4.5

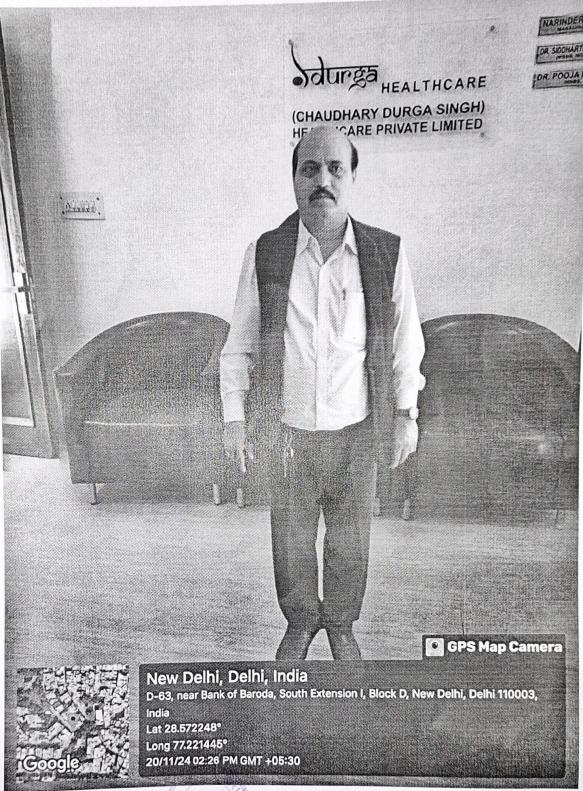
\*\*\*\*\*\*\*\*End of Report\*\*\*\*\*\*\*\*



D-63, Ground Floor, South Exn. Part-1, Near Barat Ghar, New Delhi-110049 Mob: 9899994465 | E-mall: healthcareshridurga@gmail.com

Note Valid For Medico-legal Purposes

Home Sample Collection Facility Available | Timing: 8:00 am To 8: Pm (Sunday Open)





Dr. MAHESHAPAL MBBS, (MD)