

Subject: Health Check up Booking Confirmed Request(bobE48214),Package Code-PKG10000228, Beneficiary Code-29419

Mediwheel <wellness@mediwheel.in>

Sent: Thu, 12 Oct 2023 15:02:34 GMT+0530

To: You

Cc: customercare@mediwheel.in



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MedSave

011-41195959

Email:wellness@mediwheel.in

Hi Metro Hospital & Heart Institute,

Diagnostic/Hospital Location :Plot No. F - 1, Sector 6A, SIDCUL Sector 8A, Road, Integrated Industrial Estate, BHEL Township ,City:Haridwar

We have received the confirmation for the following booking .

Beneficiary Name : PKG10000228

Beneficiary Name : MS. RAWAT PREETI

Member Age : 30

Member Gender : Female

Member Relation : Employee

Package Name : Medi-Wheel Full Body Health Checkup Female Below 40

Location : AHMEDABAD,Gujarat-380015

Contact Details : 8320657357

Booking Date : 12-10-2023

Appointment Date : 14-10-2023

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

We request you to facilitate the employee on priority.

Subject: Health Check up Booking Request(bobE48214), Beneficiary Code-29419

Mediwheel <wellness@mediwheel.in>

Sent: Thu, 12 Oct 2023 14:51:25 GMT+0530

To: You

Cc: customercare@mediwheel.in

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011-41195959

Email:wellness@mediwheel.in

Dear **Metro Hospital & Heart Institute,**

City : Haridwar . **Address :** Plot No. F - 1, Sector 6A, SIDCUL Sector 8A, Road, Integrated Industrial Estate, BHEL Township ,

We have received the confirmation for the following booking .

Name : MS. RAWAT PREETI

Age : 30

Gender : Female

Package Name : Medi-Wheel Full Body Health Checkup Female Below 40

Contact Details : 8320657357

Booking Date : 12-10-2023

Appointment Date : 14-10-2023

Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
MS. RAWAT PREETI	30	Female	Cashless
Total amount to be paid			Cashless

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

Package Name : Medi-Wheel Full Body Health Checkup Female Below 40 - Includes (37)Tests

Tests included in this Package : Ecg, TSH, X-ray Chest, Stress Test (tmt)/ 2d Echo, Blood Sugar Postprandial, A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin (hba1c), Hdl, Vldl, Urine Analysis, LDL, Total Protine, General Consultation, HDL/ LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein, CBC with ESR, Stool Analysis, Urine Sugar Fasting, Urine Sugar PP, T3, T4, Cholesterol Total / HDL Ratio, BUN, BUN/Creatinine Ratio, Bilirubin Total & Direct and Indirect, Albumin, Globulin



Patient Name Poojita Rawat Age/Sex Reg.No.....

Doctor Dr. Naman Agarwal

Date.....

Time.....

DENTAL EXAMINATION

➤ **TEETH STATUS** = Good

• **MISSING** - None

• **DECAYED** - None

➤ **ORAL HYGIENE STATUS** = Good

• **STAINS** - Absent

• **CALCULUS** - Absent

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LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MS. RAWAT PREETI
EC NO.	119397
DESIGNATION	BRANCH OPERATIONS
PLACE OF WORK	ROORKEE, JADUGAR ROAD
BIRTHDATE	21-09-1990
PROPOSED DATE OF HEALTH CHECKUP	14-10-2023
BOOKING REFERENCE NO.	23D119397100071792E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **10-10-2023** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

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To,

The Coordinator,
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PARTICULARS	EMPLOYEE DETAILS
NAME	MR. JADDLY MAYANK
EC NO.	119714
DESIGNATION	BRANCH HEAD
PLACE OF WORK	PANIYALA
BIRTHDATE	27-06-1991
PROPOSED DATE OF HEALTH CHECKUP	14-10-2023
BOOKING REFERENCE NO.	23D119714100071688E

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Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
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LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
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ALT	ALT
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Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
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Dental Check-up consultation	Physician Consultation
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Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



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we treat...HE CURES

Metro Hospital & Heart Institute

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OPD CONSULTATION

Patient Name Roohi Rawal Age/Sex 30/15 Reg. No.
 Doctor's Name Dr. Sushil Kumar
 Date 11/10/23 Time

OPHTHALMIC EXAMINATION

VISION

DISTANCE VISION-

Rt 6/6
 Lt 6/6

NEAR VISION-

Rt N/6
 Lt N/6

COLOUR VISION

Normal

EYE EXAMINATION

- Cornea
- Ant Chamber
- Pupil
- Fundus Examination

ADVICE-

Dr. Sushil Kumar, MBBS, MS (Ophtho)
 Consultant Ophthalmology
 Metro Hospital & Heart Institute
 Sidcul, Haridwar, Reg. No.: 2672 (UK)

Signature

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403
 Emergency : +91 8191902600, Phone : 01334 - 239040 / 42 / 43, Fax : 01334 - 239043
 E-mail : metroharidwar@metrohospitals.com, Website: www.metrohospitals.com

Regd. Office : 21, Community Center, Preet Vihar, New Delhi-110092

CIN No.: U33201DL2006PTC156918

MHHI/CL/0115/Rev. No. 01



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METRO HOSPITAL & HEART INSTITUTE

(A unit of Sunhill Hospitals Private Ltd.), CIN No. U33201DL2006PTC156918

Reg. Off : 21, Community Centre, Preet Vihar, Delhi - 92

GST No.: 05AAKCS5409G1ZD

Plot No. F-1, Sector-6A, SIDCUL, Ranipur, Haridwar (UK) - 249403, www.metrohospitals.com

Phone No.: 01334-239040, 239042, 239053

BILL OF SUPPLY (OUTPATIENT CREDIT BILL)

Bill No	: MHWOP/202311322	Date/Time	: 14/10/2023 10:52
Name	: Mrs. Preeti Rawat	UHID	: MHWID/2023018019
Age/Sex	: 30 Y /Female	Category	: CASH
Address	: mediwheel,Haridwar Uttarakhand India	Req. Dr.	: Dr. ANIL SINGH
Tel	: 8320657357		
Comp Name	: MEDIWHEEL#ARCOFEMI HEALTH LTD. (MEDIWHEEL_HARIDWAR)		

HEALTH CARE SERVICES	Req. No.	AMOUNT(Rs.)
Package - MediWheel Full Body Health Checkup Female Above 40(Rs 2200)FEB-2022		2200.00
CBC (COMPLETE BLOOD COUNT/HAEMOGRAM)	10374753	
ESR	10374753	
STOOL ROUTINE EXAMINATION.	10374753	
BLOOD GROUP	10374753	
BLOOD SUGAR -FASTING	10374753	
BLOOD SUGAR -PP	10374753	
URINE ROUTINE ANALYSIS	10374753	
URINE SUGAR	10374753	
HBIAC	10374753	
THYROID PROFILE	10374753	
LIPID PROFILE	10374753	
KFT (KIDNEY FUNCTION TEST)	10374753	
LFT (LIVER FUNCTION TEST)	10374753	
✓ ECG	80107713	
TMT/ECHO	80107713	
X-RAY CHEST PA View	70240507	
USG WHOLE ABDOMEN	70240507	
Dr. Physician Consultation {First Visit}	Patient No 20	
Dr. Eye Consultation {First Visit}	Patient No 20	
Dr. Dental Consultation {First Visit}	Patient No 20	
Dr. Sonu Rout {First Visit}	Patient No 7	

Bill Amount: 2200.00
Net Bill Amt Credit: 2200.00

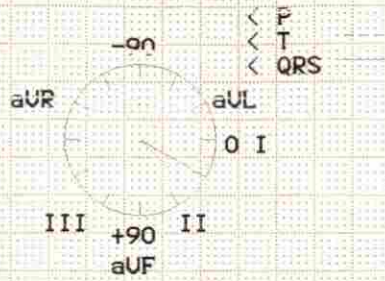
Credit Bill Towards **MEDIWHEEL#ARCOFEMI HEALTH LTD.** an Amount of Rupees Two Thousand Two Hundred Only

Signature of Patient/Attendant.....
Relation with patient.....
Contact No.....
Run Date : 14/10/2023 10:52

CASHIER
User :Praveenrawat

Measurement Results:

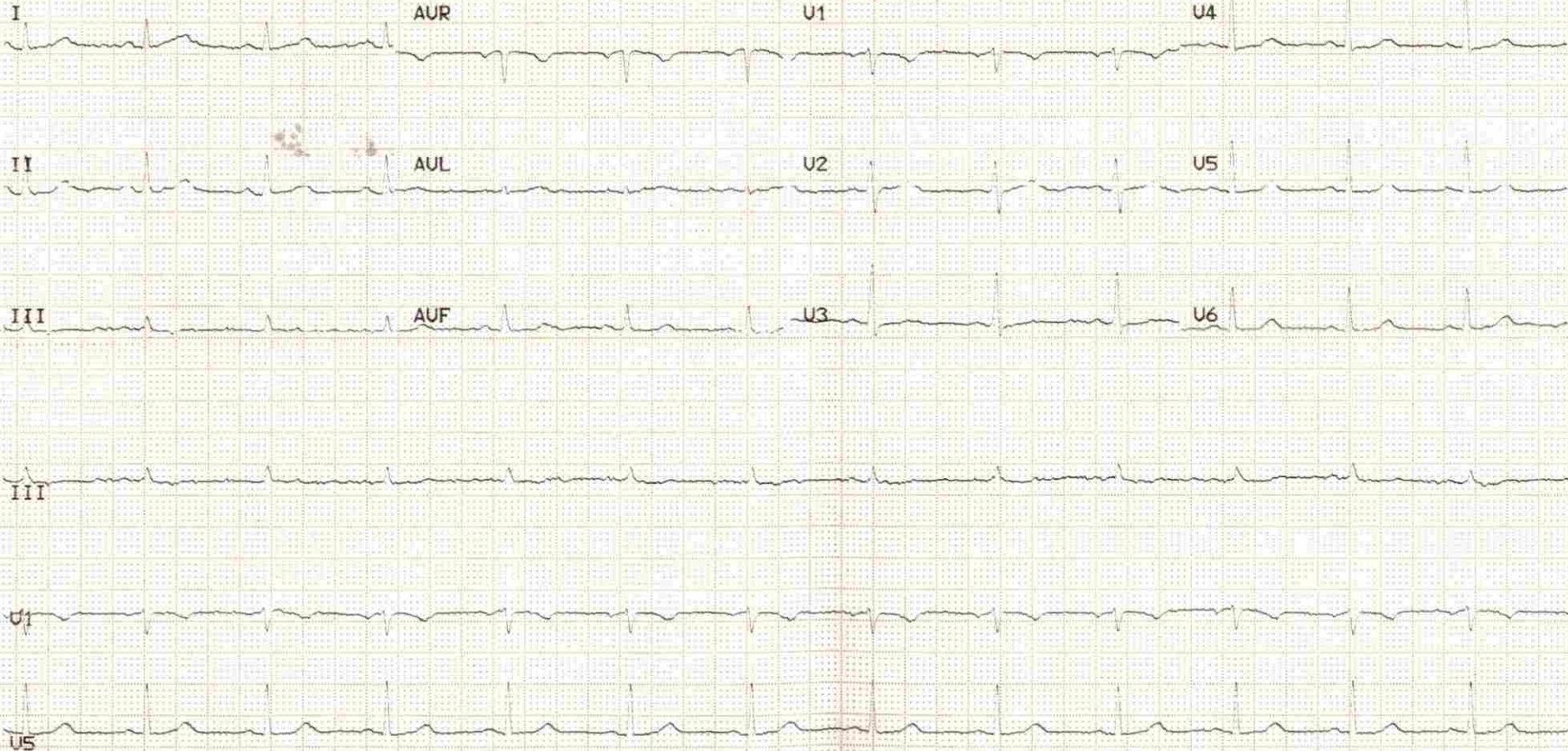
QRS	:	78 ms
QT/QTcB	:	366 / 418 ms
PR	:	132 ms
P	:	100 ms
RR/PP	:	766 / 765 ms
P/QRS/T	:	30/ 45/ 30 degrees
QTD/QTcBD	:	30 / 34 ms
Sokolow	:	1.1 mV
NK	:	10



Interpretation:

R/S inversion area between U1 and U2 probably normal ECG

Unconfirmed report.





Radiology Investigation Report

Name : Mrs. Preeti Rawat
Ref. By : Dr. ANIL SINGH
IP/OP : OP/202311322
Date : 14/10/2023

Age/Sex : 30 Y/F
UHID NO : 2023018019
Request No : 70240507

USG WHOLE ABDOMEN

The diaphragm is normal in contour & respiratory excursion. There is no ascitis or lymph node mass.

Liver is normal in shape, outline & echotexture. No focal lesion of abnormal ecogenecity is seen. Intrahepat biliary radicles are not dilated. Portal vein & portal venous radicles are normal.

Gall bladder is contracted with ill defined echogenicity in GB lumen. Common bile duct is normal i course & caliber. No calculus is seen in its lumen.

Spleen & pancreas appears normal in shape, size, outline & echotexture.

Both the kidneys are normal in shape, size, outline & echotexture. Renal parenchymal thickness is norma Corticomedullary junction is defined & is normal. There is no hydronephrosis. No echogenic renal calculus seen.

Urinary bladder is normal in contour & capacity. Bladder wall is not thick. No pathological filling defect / vesic; calculus is seen in bladder. Ureterovesical junctions appear normal.

Uterus is normal in size shape, outline & echotexture. Myometrial & endometrial echoes are normal. No uterin mass is seen. Both the ovaries appear normal. There is no free fluid seen in cul de sac.

IMPRESSION : Cholelithiasis.


DR. PRAKASH CHANDRA PANDEY
MBBS, DMRD
CONSULTANT RADIOLOGIST

Note:

- (1) Not Valid for medical-legal purposes.
- (2) This is a professional opinion based on imaging finding and not the diagnosis.
- (3) In case of any discrepancy due to machine error or typing error, please get it rectified immediately.

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403

Emergency : +91 8191902600, Phone : 01334 - 239040 / 42 / 43, Fax : 01334 - 239043

E-mail : metroharidwar@metrohospitals.com Website : www.metrohospitals.com



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Radiology Investigation Report


Name : Mrs. Preeti Rawat
Ref. By : Dr. ANIL SINGH
IP/OP : OP/202311322
Date : 14/10/2023

Age/Sex : 30 Y/F
UHID NO : 2023018019
Request No : 70240507

X-RAY CHEST PA View

Cardiac contour & size are normal.
Trachea is central.
Lung fields are clear.
Hilar shadows are normal.
Costophrenic angles are clear.
Bony rib cage is normal.

IMPRESSION: NORMAL CHEST.


DR. PRAKASH CHANDRA PANDEY
MBBS, DMRD
CONSULTANT RADIOLOGIST

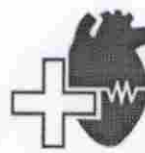
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2D ECHOCARDIOGRAPHY

Name:	Mrs. Preeti Rawat	UHID No:	2023018019
Age/Sex:	30Y/F	Ward:	OPD
Referred by:	Dr. Anil Singh	Date:	14.10.2023

ACOUSTIC WINDOW: Normal

MEASUREMENTS AND CALCULATIONS

Measurements	Observed Value	Reference Value
IVS (ED)	0.9	(0.6 – 1.1 cm)
LVPW (ED)	0.8	(0.6 – 1.1 cm)
LVID (ED)	3.7	Male (3.7 – 5.5 cm) Female (3.7 – 5.2 cm)
Aortic root diameter	2.5	(2.0 – 3.7 cm)
LA dimension	2.8	Male (1.9 – 4.0 cm) Female (1.7 – 3.8 cm)
LV EF	60%	(55 – 75%)

MORPHOLOGICAL DATA

Mitral valve	Normal	Right Atrium	Normal
Aortic valve	Normal	Right Ventricle	Normal
Tricuspid valve	Normal	PA	Normal
Pulmonary valve	Normal	IVS	Intact
		IAS	Intact

DOPPLER STUDY

Valve	Regurges	Velocities (cm/s)	Gradients (mmHg)
Mitral	Trace	E – 66, A – 69, E/A<1	
Aortic	Nil	Vel – 111	
Tricuspid	Trace	Vel – 235	PASP – 26
Pulmonary	Nil	Vel – 87	

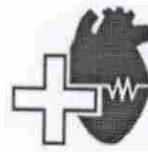
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FINAL IMPRESSION

- Normal Acoustic Window
- Normal Chambers Dimensions
- No RWMA
- LVEF~60%
- Grade I LVDD
- Trace MR, Trace TR, PASP 27 mmHg
- No pericardial effusion
- No Intracardiac clot

Dr. Krishna CK

MD, DNB (Medicine), DNB (Cardiology)
Consultant Interventional Cardiology
UKMC Reg. No: 12883

Dr. Ajit Kumar

MBBS, PGDCC
Associate Consultant, Cardiology
UKMC Reg. No: 7569

(Note: This document is not for medico-legal purpose)

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Pathology Report

Name : Mrs. Preeti Rawat
 Ref. By : Dr. ANIL SINGH
 IP/OP : OP/202311322
 Sample Date : 14/10/2023
 Reporting Date : 15/10/2023

Age/Sex : 30 Y/F
 UHID : 2023018019
 Request No. : 10374753
 Sample Time : 12:47
 Reporting Time : 01:36

Test	Result	Unit	Bio. Ref. Inter.	Test Method
Hematology				
BLOOD GROUP				
ABO	A			
Rh	POSITIVE			
CBC (COMPLETE BLOOD COUNT/HAEMOGRAM)				
HB	10.6	gm/dl	F - 11.5-15	
TLC	6830	/cumm	4000-11000	
DLC (WBC DIFFERENTIAL)				
NEUTROPHILS	60	%	45-75	
LYMPHOCYTES	30	%	25-45	
EOSINOPHILS	06	%	1-6	
MONOCYTES	04	%	2-8	
BASOPHILS	00	%	--<2	
RBC	3.44	million	3.5-5.5	
PCV	33.9	%	36-52	
MCV	98.5	fL	80-100	
MCH	30.8	PG	27-32	
MCHC	31.3	gm/dl	31-37	
PLATELET COUNT	1.20	lakh/cumm	1.5-4.5	
RDW	14.2	%	11.5-15	
ESR	24	mm/hr	20	
Serology & Immunology				
THYROID PROFILE				
T3	2.16	nmol/L	1.70-3.10	
T4	9.64	µg/dl	5.95-15.4	
TSH	3.24	µIU/L	0.46-4.68	

*** End of Reports ***

Dr. Vishal Arora
 MBBS, DCP
 (Consultant Pathologist)

Checked By 

Note:

1. These reports are mere estimation of values at that particular time and are liable to vary/change in different conditions in different laboratories.
2. The values are to be collaborated with clinical findings by qualified doctor and any alarming and unexpected results should be reported to Lab urgently for recheck and manual typing errors.
3. These reports are not valid for medicolegal purposes and all doctor unsigned reports should be considered provisional only.
4. All card based tests are screening test therefore need confirmation by other alternative test like (PCR, ELISA).

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MHHI/CL/0115/Rev. No. 01



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Age/Sex : 30 Y/F
 UHID : 2023018019
 Request No. : 10374753
 Sample Time : 12:47
 Reporting Time: 01:36

Test	Result	Unit	Bio. Ref. Inter. Test Method
Biochemistry			
HBIAC	6.0	%	4.5-6.3
BLOOD SUGAR -PP	134.0	mg/dl	70.0-140.0
BLOOD SUGAR -FASTING	95.0	mg/dl	70.0-110.0
LIPID PROFILE			
TOTAL CHOLESTEROL	188.0	mg/dl	00-250.0
HDL-CHOLESTEROL	54.0	mg/dl	00-50.0
LDL	116.0	mg/dl	00-150.0
TRIGLYCERIDES	88.0	md/dl	30-150
VLDL	18.0	mg/dl	0-50
CHOL/HDL Ratio	3.4		<4.5
LFT (LIVER FUNCTION TEST)			
BILIRUBIN INDIRECT	0.37	mg/dl	0.2-0.8
SGOT	38.0	U/L	10-42
SGPT	47.0	U/L	10-42
BILIRUBIN TOTAL	0.77	mg/dl	0.2-1.0
ALKALINE PHOSPHATASE	108.0	IU/L	28-111
BILIRUBIN DIRECT	0.40	mg/dl	0.1-0.4
TOTAL PROTEIN	6.9	gm/dl	6.4-8.2
ALBUMIN	3.9	g/dl	3.5-5.0
GLOBULIN	3.0	gm/dl	2.0-4.0
AG RATIO	1.3		-
KFT (KIDNEY FUNCTION TEST)			
UREA	19.0	mg/dl	15-45
SODIUM	140.0	mmol/L	135-155
CREATININE	0.65	mg/dl	0.6-1.3
URIC ACID	4.9	mg/dl	3.0-7.6
BUN	9.0	mg/dl	05-20
POTTASSIUM	4.7	mmol/L	3.5-5.5
CALCIUM	9.5	mg/dl	8.5-10.5

*** End of Reports ***

Dr. Vishal Arora
 MBBS, DCP
 (Consultant Pathologist)

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3. These reports are not valid for medicolegal purposes and all doctor unsigned reports should be considered provisionally only.
4. All card based tests are screening test therefore need confirmation by other alternative test (e.g. HPLC, HPLC/MSA).

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403

Emergency : +91 8191902600, Phone : 01334 - 239040 / 42 / 43, Fax : 01334 - 239043

E-mail : metroharidwar@metrohospitals.com, Website: www.metrohospitals.com

Regd. Office : 21, Community Center, Preet Vihar, New Delhi-110092

CIN No.: U33201DL2006PTC156918

MHHI/CL/0115/Rev. No. 01



METRO

HOSPITAL & HEART INSTITUTE

(A unit of Sunhill Hospitals Private Limited)

(NABH & ISO 9001: 2008 Certified)

Pathology Report

Name : Mrs. Preeti Rawat
 Ref. By : Dr. ANIL SINGH
 IP/OP : OP/202311322
 Sample Date : 14/10/2023
 Reporting Date: 15/10/2023

Age/Sex : 30 Y/F
 UHID : 2023018019
 Request No. : 10374753
 Sample Time : 12:47
 Reporting Time: 01:36

Test	Result	Unit	Bio. Ref.	Inter.	Test Method
Urine Examination					
URINE SUGAR	NIL				
URINE ROUTINE ANALYSIS					
PHYSICAL EXAMINATION					
COLOUR	PALE				
	YELLOW				
TRANSPARENCY	TURBID				
S. GRAVITY	1.025				
CHEMICAL EXAMINATION					
ALBUMIN	+				
SUGAR	NIL				
pH	6.5				
BLOOD	PRESENT				
KETONE	NIL				
MICROSCOPIC EXAMINATION					
PUS CELLS	2-3				
EPITHELIAL CELLS	1-2				
RBC	6-8				
CRYSTALS	NIL				
CAST	NIL				
BACTERIA	NIL				
AMORPHOUS PHOSPHATE	NIL				
AMORPHOUS URATES	NIL				

*** End of Reports ***

Dr. Vishal Arora
 MBBS, DCP
 (Consultant Pathologist)

[Signature]
 Checked By

Note:

1. These reports are mere estimation of values at that particular time and are liable to vary/change in different conditions in different laboratories.
2. The values are to be collaborated with clinical findings by qualified doctor and any alarming and unexpected results should be reported to Lab urgently for recheck and manual typing errors.
3. These reports are not valid for medicolegal purposes and all doctor unsigned reports should be considered provisional only.
4. All card based tests are screening test therefore need confirmation by other alternative test like(PCR,ELISA).

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