

**Patient Details**

UHID : AFD000017196
Patient Name : MR. MANOJ JOSHI
Age / Gender : 36 Yrs 1 Mth / MALE / 11-10-1986
Company : Acrofemi Healthcare Ltd
Address : 1406E, SEC-49, FARIDABAD, HARYANA, INDIA, Zip No.-121001

Bill Date : 10-12-2022 08:54:12
Bill No. : AFDHC220000975
Receipt No. : AFDPRT220032996

Service Details

S. No.	Investigation	Rooms	Remarks
1	MEDIWHEEL PKG FOR MALE BELOW 40YRS		
2	CBC-1(COMPLETE BLOOD COUNT) ●		
3	ESR ●		
4	URINE, ROUTINE EXAMINATION ●		
5	STOOL ROUTINE EXAMINATION ●		<i>Refused by Pt.</i>
6	* BLOOD GROUP (ABO & RH) ●		
7	GLUCOSE PLASMA (FASTING) ●		
8	GLUCOSE PLASMA (PP) POST PRANDIAL ●		<i>Refused by Pt.</i>
9	GLYCATED HAEMOGLOBIN (HBA1C) ●		
10	THYROID PROFILE (FT3+FT4+TSH)		
11	LIPID PROFILE ●		
12	KFT/RFT-KIDNEY/RENAL PANEL 1 ●		
13	LIVER FUNCTION TESTS (LFT) ●		
14	ECG ●		
15	2D ECHO DR. MITHILESH KUMAR ●		
16	XRAY-CHEST P.A. ●		
17	USG-FOR WHOLE ABDOMEN ●		
18	OPD Consultation-Internal Medicine DR. MUKUND SINGH		
19	OPD Consultation-Ophthal DR. UPASANA		

Prepared By : MS. PRIYANKA MOURYA


Employee ID
Signature

FINAL REPORT

Bill No.	: AFDHC220000975	Bill Date	: 10-12-2022 08:54
Patient Name	: MR. MANOJ JOSHI	UHID	: AFD000017196
Age / Gender	: 36 Yrs 1 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22023221	Current Ward / Bed	: /
		Receiving Date & Time	: 10-12-2022 10:18
		Reporting Date & Time	: 10-12-2022 15:33

BLOOD BANK REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood


MEDIWHEEL PKG FOR MALE BELOW 40YRS
BLOOD GROUP (ABO & RH)

ABO GROUP	"O"
RH TYPE	POSITIVE

Forward grouping done by slide method.

**** End of Report ****
IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low


DR. MANOJ KAUSHIK MISHRA
 MBBS
 CONSULTANT

FINAL REPORT

Bill No.	: AFDHC220000975	Bill Date	: 10-12-2022 08:54
Patient Name	: MR. MANOJ JOSHI	UHID	: AFD000017196
Age / Gender	: 36 Yrs 1 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22023222	Current Ward / Bed	: /
		Receiving Date & Time	: 10-12-2022 10:18
		Reporting Date & Time	: 10-12-2022 15:18

Sample Type: Serum

MED/WHEEL PKG FOR MALE BELOW 40YRS
KFT/RET- KIDNEY/RENAL PANEL 1

BLOOD UREA (Urease-GLDH,Kinetic)		36	mg/dL	15 - 45
CREATININE-SERUM (Modified Jaffe s Kinetic)	L	0.8	mg/dL	0.9 - 1.3
SODIUM-SERUM (Indirect Ion-Selective Electrode)		137	m.mol/L	135 - 145
POTASSIUM-SERUM (Indirect Ion-Selective Electrode)		4.3	m.mol/L	3.5 - 5.1
CHLORIDE-SERUM (Indirect Ion-Selective Electrode)		100	m.mol/L	98 - 107
GLUCOSE-PLASMA (FASTING) (UV Hexokinase)		74.0	mg/dL	70 - 100

 Note: Diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL.
 (45 per American Diabetes Association recommendation)

**** End of Report ****
IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low


DR. H. KAUSHIK MISHRA

MBBS

CONSULTANT

FINAL REPORT

Bill No.	: AFDHC220000975	Bill Date	: 10-12-2022 08:54
Patient Name	: MR. MANOJ JOSHI	UHID	: AFD000017196
Age / Gender	: 36 Yrs 1 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22023222	Current Ward / Bed	: /
		Receiving Date & Time	: 10-12-2022 10:18
		Reporting Date & Time	: 10-12-2022 15:18

CL - Critical Low, CH - Critical High, H - High, L - Low



DR. RICHA KAUSHIK MISHRA

MBBS, DNB
CONSULTANT


FINAL REPORT

Bill No.	: AFDHC220000975	Bill Date	: 10-12-2022 08:54
Patient Name	: MR. MANOJ JOSHI	UHID	: AFD000017196
Age / Gender	: 36 Yrs 1 Mth / MALE	Patient Type	: OPD
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22023222	Current Ward / Bed	: /
		Receiving Date & Time	: 10-12-2022 10:18
		Reporting Date & Time	: 10-12-2022 15:18

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Serum
MEDIWHEEL PKG FOR MALE BELOW 40YRS
LIVER FUNCTION TESTS (LFT)

BILIRUBIN-TOTAL (DPD)		0.47	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)		0.09	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.38	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		6.6	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.2	g/dL	
S.GLOBULIN	L	2.4	g/dL	2.8-3.8
A/G RATIO		1.75		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)	L	43.9	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (IFCC)		29.0	IU/L	10 - 42
ALANINE AMINO TRANSFERASE (IFCC)		21.2	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSFERASE (IFCC)		18.0	IU/L	11 - 50
LACTATE DEHYDROGENASE (IFCC; L-P)		144.4	IU/L	0 - 248

CHOLESTROL-TOTAL (CHO-POD)	H	227	mg/dL	0 - 160
HDL CHOLESTROL (Enzymatic Immuno-inhibition)		73	mg/dL	>40
CHOLESTROL-LDL DIRECT (Enzymatic Selective Protection)	H	136	mg/dL	0 - 100
S.TRYGLYCERIDES (GPO - POD)		78	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	154.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.1		½Average Risk <3.3 Average Risk 3.3-4.4 2 Times Average Risk 4.5-7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL		1.9		½Average Risk <1.0 Average Risk 1.0-3.6 2 Times Average Risk 3.7-6.3 3 Times Average Risk 6.4-8.0
CHOLESTROL-VLDL		16	mg/dL	10 - 35

Comments:

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
 1. Cigarette smoking.
 2. Hypertension.
 3. Family history of premature coronary heart disease.
 4. Pre-existing coronary heart disease.

**** End of Report ****
IMPORTANT INSTRUCTIONS

FINAL REPORT

Bill No.	: AFDHC220000975	Bill Date	: 10-12-2022 08:54
Patient Name	: MR. MANOJ JOSHI	UHID	: AFD000017196
Age / Gender	: 36 Yrs 1 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22023243	Current Ward / Bed	: /
		Receiving Date & Time	: 10-12-2022 11:46
		Reporting Date & Time	: 10-12-2022 12:59

CLINICAL PATH REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Urine
MEDIWHEEL PKG FOR MALE BELOW 40YRS
URINE, ROUTINE EXAMINATION
PHYSICAL EXAMINATION

QUANTITY		50 mL		
COLOUR		Pale yellow		Pale Yellow
TURBIDITY		Clear		

CHEMICAL EXAMINATION

PH (Double pH indicator method)		7.0		5.0 - 8.5
PROTEINS (Protein-error-of-indicators)		Negative		Negative
SUGAR (GOD POD Method)		Negative		Negative
SPECIFIC GRAVITY, URINE (Apparent pKa change)	L	1.005		1.005 - 1.030

MICROSCOPIC EXAMINATION

LEUCOCYTES		1-2	/HPF	0 - 5
RBC's		Nil		
EPITHELIAL CELLS		0-1		
CASTS		Nil		
CRYSTALS		Nil		

**** End of Report ****
IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low


DR. RICHA KAUSHIK MISHRA

 MBBS, DNB
 CONSULTANT

FINAL REPORT

Bill No.	: AFDHC220000975	Bill Date	: 10-12-2022 08:54
Patient Name	: MR. MANOJ JOSHI	UHID	: AFD000017196
Age / Gender	: 36 Yrs 1 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22023220	Current Ward / Bed	: /
		Receiving Date & Time	: 10-12-2022 10:18
		Reporting Date & Time	: 10-12-2022 12:57

HAEMATOLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood
MEDIWHEEL PKG FOR MALE BELOW 40YRS
CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		5.3	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.8	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		14.6	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		44.6	%	40 - 50
MEAN CORPUSCULAR VOLUME		92.7	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		30.4	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		32.7	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		270	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	59.4	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	17.9	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		59	%	40 - 80
LYMPHOCYTES		30	%	20 - 40
MONOCYTES		6	%	2 - 10
EOSINOPHILS		5	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)		5	mm 1st hr	0 - 10

**** End of Report ****
IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low


DR. RICHA KAUSHIK MISHRA
 MBBS, DNB
 CONSULTANT

FINAL REPORT

Bill No.	: AFDHC220000975	Bill Date	: 10-12-2022 08:54
Patient Name	: MR. MANOJ JOSHI	UHID	: AFD000017196
Age / Gender	: 36 Yrs 2 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22023222	Current Ward / Bed	: /
		Receiving Date & Time	: 10-12-2022 10:18
		Reporting Date & Time	: 10-12-2022 12:53

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Serum
MEDIWHEEL PKG FOR MALE BELOW 40YRS

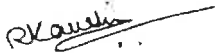
CHOLESTROL-TOTAL (CHO-POD)	H	227	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immuno-inhibition</small>		73	mg/dL	>40
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	136	mg/dL	0 - 100
S.TRYGLYCERIDES (GPO - POD)		78	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	154.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.1		½Average Risk <3.3 Average Risk 3.3-4.4 2 Times Average Risk 4.5-7.1 3 Times Average Risk 7.2-11.0
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CHOLESTROL-VLDL		16	mg/dL	10 - 35

Comments:

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
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 2. Hypertension.
 3. Family history of premature coronary heart disease.
 4. Pre-existing coronary heart disease.

**** End of Report ****
IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low


DR. RICHA KAUSHIK MISHRA
 MBBS, DNB
 CONSULTANT



FINAL REPORT

Bill No.	: AFBCB220004101	Bill Date	: 10-12-2022 11:29
Patient Name	: MR. MANOJ JOSHI	UHID	: AFD000017196
Age / Gender	: 36 Yrs 2 Mth / MALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFB22403773	Current Ward / Bed	: /
		Receiving Date & Time	: 10-12-2022 15:51
		Reporting Date & Time	: 12-12-2022 10:19

HAEMATOLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

***GLYCATED HAEMOGLOBIN (HBA1C)**

HBA1C (HPLC)		5.5	%	4.27 - 6.07
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INTERPRETATION:

HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- Note:
- 1.A three monthly monitoring is recommended in diabetics.
 - 2.Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6 - 10 weeks and is not affected by daily glucose fluctuation, exercise and recent food intake, it is a more useful tool for monitoring diabetics.

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

DR. SHARMILA RAI
MD, PATHOLOGY
Consultant

10.12.2022 9:23:52

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

63 bpm

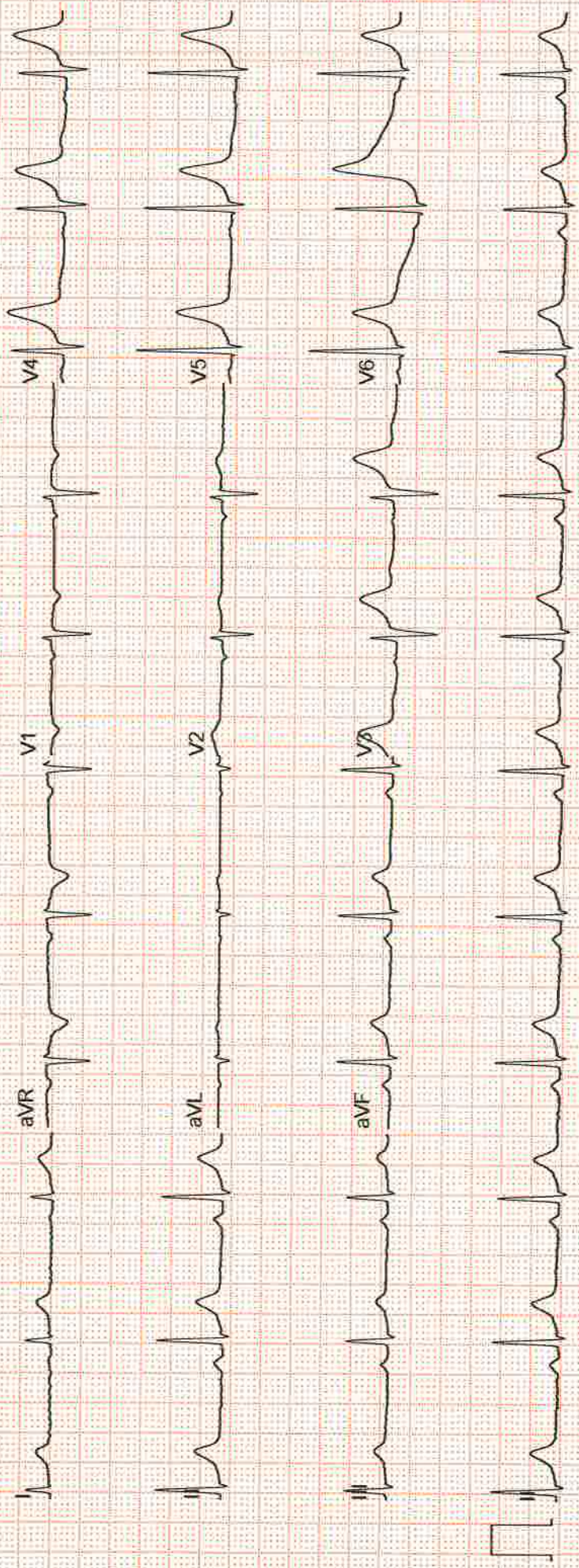
- / - mmHg

Normal sinus rhythm
Normal ECG:

QRS: 82 ms
QT / QTcBaz: 386 / 395 ms
PR: 164 ms
P: 96 ms
RR / PP: 946 / 952 ms
P / QRS / T: 77 / 69 / 57 degrees

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Mr. Manoj Joshi



NON INVASIVE CARDIOLOGY

Patient Name	: MR. MANOJ JOSHI	IPD No.	:
Age	: 36 Yrs 1 Mth	UHID	: AFD000017196
Gender	: MALE	Bill No.	: AFDHC220000975
Ref. Doctor	: SELF	Bill Date	: 10-12-2022 08:54:12
Ward	:	Room No.	:
		Procedure Date	: 10-12-2022 11:40:31

ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

MEASUREMENTS	ABSOLUTE VALUE		NORMAL VALUE
Aortic Root Diameter	2.5		2.0-3.7cm < 2.2cm/M2
Aortic Valve Opening	N		1.5-2.6cm
Left Atrial Dimension	3.0		1.9-4.0cm < 2.2cm/M2
RV Dimensions	N		0.7-2.6cm
RV thickness	N		0.3-0.9cm
LV ED Dimension	3.7		3.7-5.6 cm < 3.2cm /M2
LV ES Dimension	2.4		2.2-4.0 cm
IVS thickness	ED – 0.6	ES-0.9	0.6-1.2cm
LVPW Thickness	ED – 0.7	ES-1.0	0.5-1.1cm
IVS/ LVPW Ratio	N		
Mitral Valve	DE-N	EF -N	

INDICES OF LV FUNCTION		
EPSS		<9mm
FS%		24-42%
LV Ejection Fraction	60%	60+/-6%

IMAGING:

2D- imaging in PLAX.SAX and apical views revealed normal left ventricle. Movement of septum, posterior and lateral walls are normal. Global LVEF is 60%. Mitral valve opening is normal. No evidence of mitral valve prolapse is seen. Aortic valve has three cusps and its opening is not restricted. Tricuspid valve leaflets move normally, Pulmonary valve is normal. Interatrial and Interventricular septal are intact, No intracardiac mass or thrombus is seen. No pericardial pathology is observed.

NON INVASIVE CARDIOLOGY

Patient Name	: MR. MANOJ JOSHI	IPD No.	:
Age	: 36 Yrs 1 Mth	UHID	: AFD000017196
Gender	: MALE	Bill No.	: AFDHC220000975
Ref. Doctor	: SELF	Bill Date	: 10-12-2022 08:54:12
Ward	:	Room No.	:
		Procedure Date	: 10-12-2022 11:40:31

MORPHOLOGICAL DATA

Mitral Valve : AML PML	Normal	Interatrial Septum	Intact
Aortic Valve	Normal	Interventricular Septum	Intact
Tricuspid Valve	Normal	Pulmonary Artery	Normal
Pulmonary Valve	Normal	Aorta	Normal
Right Ventricle	Normal	Right Atrium	Normal
Left Ventricle	Normal	Left Atrium	Normal

DOPPLER STUDY

	m/s	m/s	
MITRAL VELOCITY	E-0.9	A-0.4	MR 0/4
TRICUSPID VELOCITY	m/s		TR 0/4
AORTIC VELOCITY	1.01 m/s		AR 0/4
PULMONARY VELOCITY	0.9 m/s		PR 0/4
PA Pressure	15 mmHg		

NON INVASIVE CARDIOLOGY

Patient Name	: MR. MANOJ JOSHI	IPD No.	:	
Age	: 36 Yrs 1 Mth	UHID	:	AFD000017196
Gender	: MALE	Bill No.	:	AFDHC220000975
Ref. Doctor	: SELF	Bill Date	:	10-12-2022 08:54:12
Ward	:	Room No.	:	
		Procedure Date	:	10-12-2022 11:40:31

COLOUR FLOW MAPPING

Trace MR , Trace TR.

FINAL IMPRESSION

1. No RWMA, LVEF-60%.
2. Normal RV systolic function.
3. Normal cardiac chamber dimension.
4. Trace MR, Trace TR (PASP 15mmHg).
5. IAS/IVS intact.
6. No clot/mass/vegetation/PE.

DR. MITHALES KUMAR
MD.DNB (Cardiology).
Consultant Cardiologist
HMC-HN19723

For The perusal of a medical professional only
The content of this report is only an opinion based on images and is therefore subject to inherent technical limitations.

It is not the diagnosis & must be correlated clinically.
NOT FOR MEDICOLEGAL PURPOSES

.....End of Report.....

Prepare By.
MADHVI.S

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MR. MANOJ JOSHI	IPD No.	:	
Age	: 36 Yrs 1 Mth	UHID	:	AFD000017196
Gender	: MALE	Bill No.	:	AFDHC220000975
Ref. Doctor	: SELF	Bill Date	:	10-12-2022 08:54:12
Ward	:	Room No.	:	
		Print Date	:	10-12-2022 11:35:36

CHEST PA VIEW:

Cardiac shadow appears normal.

Both lung fields appear clear.

Both domes of diaphragm and both CP angles are clear.

Both hila appear normal.

Soft tissues and bony cage appear normal.

Please correlate clinically.

.....End of Report.....



Prepare By.
BHANOO

DR. BHANOO CHAUDHARY, MBBS,MD
CONSULTANT

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MR. MANOJ JOSHI	IPD No.	:
Age	: 36 Yrs 1 Mth	UHID	: AFD000017196
Gender	: MALE	Bill No.	: AFDHC220000975
Ref. Doctor	: SELF	Bill Date	: 10-12-2022 08:54:12
Ward	:	Room No.	:
		Print Date	: 10-12-2022 10:35:09

USG WHOLE ABDOMEN

FINDINGS:

- Liver is normal in size, contour and echotexture. No evidence of any focal lesion is seen. No dilated intrahepatic biliary radicles are seen. Common duct and portal vein are normal in course and caliber.
- The gall bladder is well distended with normal wall thickness. No intraluminal calculi focal lesion seen. No pericholecystic pathology seen.
- *Visualized Pancreas is normal in size and parenchymal echogenicity. Rest of the pancreas and retroperitoneal structures are obscured by overlying bowel gas shadows.*
- Spleen is normal in size and echo pattern with no focal lesion.
- Both the kidneys are normal in size, shape and position. No evidence of any hydronephrosis is noted on either side. Normal corticomedullary differentiation is maintained bilaterally. The cortical thickness is within normal limits. The right kidney measures 9.8 x 5.3 cm. The left kidney measures 10.0 x 5.1 cm. No focal lesion/calculus noted in either kidney.
- The Urinary Bladder is well distended and shows anechoic contents. No focal lesion/calculus seen. There is no evidence of any obvious intraluminal or perivesical pathology.
- Prostate is normal in size and echotexture.
- No ascites/retroperitoneal lymphadenopathy/pleural effusion.

IMPRESSION: No significant abnormality detected in abdomen and pelvis.

Please correlate clinically.

.....End of Report.....



Prepare By.
BHANOO

DR. BHANOO CHAUDHARY, MBBS, MD
CONSULTANT

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

OPD Assessment Form (First visit/Follow-up)



Name : MR. MANOJ JOSHI UHID No. : AFD000017196
FATHER : N.C JOSHI Date : 10-12-2022 08:49:42
Age / Gender : 36 Yrs 1 Mth / MALE Doctor / Unit : DR. UPASANA /
CPG : CORPORATE CASHVAIMS2122_FD Department : OPHTHALMOLOGY
Inst. Name : Acrofemi Healthcare Ltd
Address : 1406E, SEC-49, FARIDABAD, HARYANA, INDIA, Zip No.-121001

Present Complaints:

Past/Family History:

History Given By :

Clinical Findings :

eye consult tantu not required.

BP (mm Hg)
Pulse
RR
Ht/Length
Wt-
Pain Score (1-10)

Any known Allergies

Provisional Diagnosis :

DR. UPASANA, MBBS , DOMS , FAEH , Consultant-OPHTHALMOLOGY, Reg. No: MCI 09/35142

Note :

Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.

WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

OPD Assessment Form (First visit/Follow-up)



Name : MR. MANOJ JOSHI UHID No. : AFD000017196
FATHER : N.C JOSHI Date : 10-12-2022 08:49:42
Age / Gender : 36 Yrs 1 Mth / MALE Doctor / Unit : DR. MUKUND SINGH /
CPG : CORPORATE CASHVAIMS2122_FD Department : INTERNAL MEDICINE_FD
Inst. Name : Acrofemi Healthcare Ltd
Address : 1406E, SEC-49, FARIDABAD, HARYANA, INDIA, Zip No.-121001

PHC
—

Present Complaints:

BP (mm Hg) 100/70 mm/Hg
Pulse 76b/m
RR SpO2- 98%
Ht/Length
Wt-
Pain Score (1-10)

Past/Family History:

None

History Given By : Self
Clinical Findings : None

Any known Allergies

Not known

Provisional Diagnosis : None

DR. MUKUND SINGH, MBBS, DNB, CONSULTANT-INTERNAL MEDICINE_FD, Reg. No: BMC-35607

Asian Fidelis Multispeciality Hospital OPD Timing: Mon - Sat : 10:00am-04:00pm.

Note :
Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.
WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash, breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

Investigations Advised :

Ad - life style modification
as discussed - Diet
- Exercise

Plan Of Care :

Treatment Advice:

Nutritional Screening : Required (If required, please contact, the dietician)
Not Required

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Signature of Doctor / Consultant: _____ Date:..... Time:.....