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MR BHAVIK CHOUDHURI 05062103 AGE 34 M CHEST,FRN P->A 05-Jun-21
ATHARVA HOSPITAL AND RESEARCH CENTRE PH: 24016640

Patient's Name: Mr Bhavik choudhury

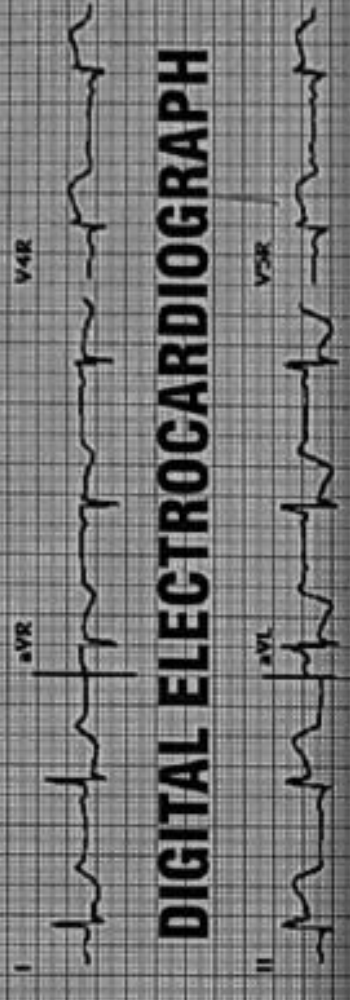
Age: _____ Sex: M/F

Date: 05/06/21 Receipt No.: _____

Referred by Dr.: _____

Conclusion: WNL

Probable Diagnosis: _____
/



DIGITAL ELECTROCARDIOGRAPH

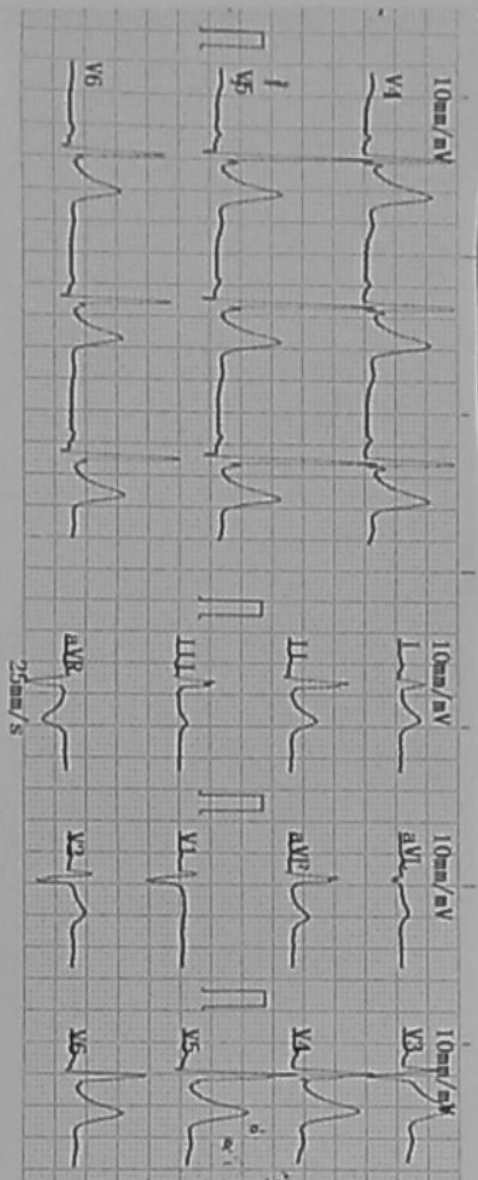
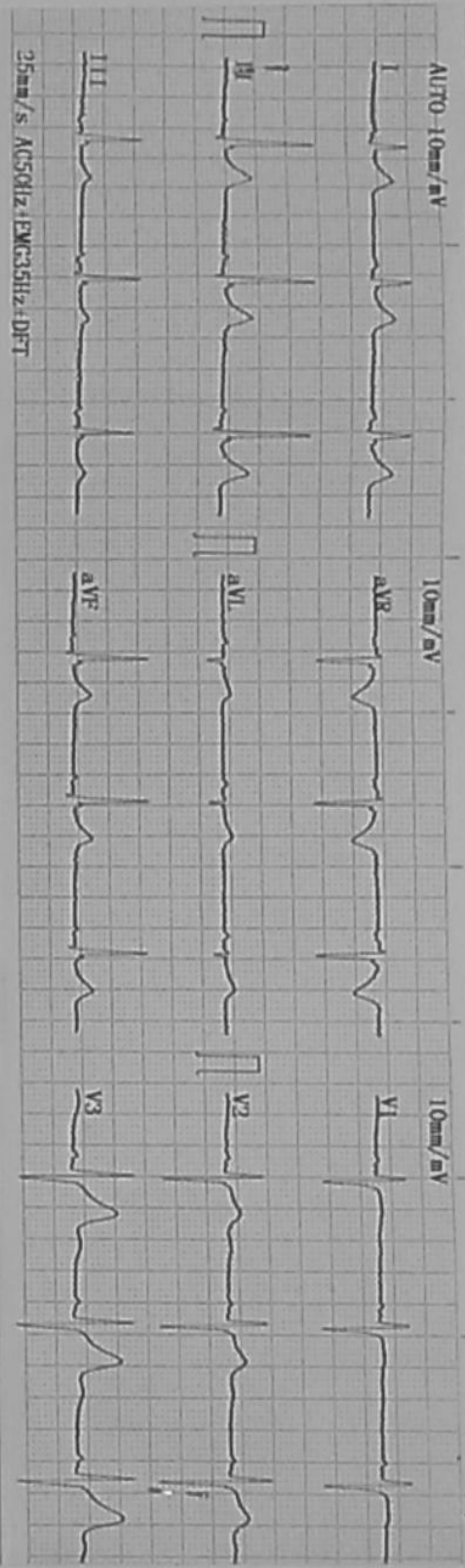


ATIARVA DIAGNOSTIC CENTRE

FULLY AUTOMATED COMPUTERISED PATHOLOGY
X-RAY, SONOGRAPHY, E.C.G. & 2D ECHO

Shop No. 6, Ground Floor, Sai Prasad Building,
Sion Kamgar CHS. Ltd., Opp. Croma Showroom,
Near PVR Cinemas, Sion (E), Mumbai - 400 022.
Ph.: 022-2401 6640 / 913609 6640
Mobile : 98922 44833 / 98678 39996

ATIARVA



8
 2021-06-05 10:51
 ID :
 Name :
 Sex :
 Age :
 Height : cm
 Weight : kg
 Systolic : mmHg
 Diastolic : mmHg
 HR : bpm
 PR Interval : ms
 P Duration : ms
 QRS Duration : ms
 T Duration : ms
 QT/QTc : ms
 P/QRS/T Axis : deg
 R (V5) / S (V1) : mv
 R (V5) + S (V1) : mv

DIAGNOSTIC CENTRE
 Shop No. 5, Saiprasad Bldg,
 F-wing, Son Kamper CHS, Sion,
 Mumbai - 400 022.

DR. ATUL P. CHIRMADE
 M.B.B.S., M.S.
 Consultant Laproscopic & Oncosurgeon
 Reg. No. 86962

Dr. Abhay Tidake
 M.U. D.M. Cardiology
 Reg. No. 2004/02/06118

Normal Sinus Rhythm.
 Cardiac electric axis normal.

Physician



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Doppler study

Mitral valve - TRIVIAL MR.

Aortic valve- NO AR, AV PG- 7 mm of Hg

Tricuspid valve -NO TR

PASP by TR jet velocity- 21 mm Hg

NO PAH

GRADE I DD

Final Diagnosis

NORMAL CHAMBER DIMENSION


NO RESTING RWMA

NO PAH

E/O DD

NORMAL LV SYSTOLIC FUNCTION

ADV- CLINICAL CORRELATION


DR. T. ABHAY
M.D (MEDICINE),

DM (CARDIOLOGY)



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PATIENT NAME: Mr. Bhavik Choudhury.

DATE: 05/06/2021

AGE: 34 YRS/ M

Measurements:

LA : 33 mm
AO : 21 mm
LVID (d) : 42 mm
LVID (s) : 28 mm
IVS (d) : 11mm
LVPW (d): 11 mm
RA/RV : 28/29mm
LVEF : 60 %

RWMA: NO RESTING RWMA

2 D Echo:

Mitral valve- NORMAL

Aortic valve- NORMAL

PV/RVOT-NORMAL

IVS/IAS- intact

Left sided arch, no coarctation

IVC- NORMAL



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Ph.: 022-2401 6640 / 913609 6640 • Mob.: 98922 44833 / 98678 39996

Patient's Name :- Mr. Bhavik Choudhury.
Referred By :- Dr. Atul P. Chirmade.
Examination :- X-RAY CHEST P.A. VIEW

Date: - 05 Jun 2021

Age & Sex: - 34 Yrs / M

REPORT:-

X-RAY CHEST

Both lung fields are clear

Heart and aorta are normal.

Both C.P. angles are clear

Pleura, diaphragm and ribcage appear normal.

IMPRESSION:-

➤ Normal Radiogram


DR. SANDEEP NYAYANIRGUNE
MD DNB DMRE
RADIOLOGIST & SONOLOGIST



ATHARVA HOSPITAL & RESEARCH CENTRE

MATERNITY • SURGICAL • GENERAL ORTHOPEDIC • SUPER SPECIALITY

101, 1st Floor, Saiprasad Building, Sion Kamgar CHS Ltd., Opp. Croma Showroom,
Sion (East), Mumbai - 400 022. • Email : atharvahospital@gmail.com
Tel. : 022-2401 6640 / 913609 6640 • Mobile : 98922 44833 / 98678 39996

Date : 05/06/21

MR. Bhavik Choudhury.

Age - : 34 yrs / M

Booking Reference NO - : 21J1253811000005305.

- Dental check-up consultation.
- physician consultation
- Eye check-up consultation
- SKIN / ENT consultation

NAD

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Gr. Floor, Shop No. 5, Saiprasad Bldg.,
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Mumbai - 400 022.

DR. ATUL P. CHIRMADE
M.B.B.S., M.S.
Consultant Laproscopic & Oncosurgeon
Reg. No. 86962

THE UNION OF INDIA
MAHARASHTRA STATE MOTOR DRIVING LICENCE

DL No: CG04 29040005985 DOI: 08-07-2004
 Valid Till: 08-07-2024 (NT) 26-09-2019

FORM 7
 RULE 14 (2)

AUTHORISATION TO DRIVE FOLLOWING CLASS
 OF VEHICLES THROUGHOUT INDIA

COV: DOI
 LMV: 08-07-2004
 MCWG: 08-07-2004

DOB: 03-12-1984 RG

Name: BHAVIK CHOUDHURY
 S/O of: SHANKAR CHOUDHURY
 Add: D-118 SHARUP UJJAINAL NANDADEEP SOC
 EVERSHINE NAGAR MALAD WEST
 GREATER MUMBAI, MUMBAI SUBURBAN
 PIN: 400064

Signature & ID of
 Issuing Authority: CG04

Signature/Thumb
 Impression of Holder

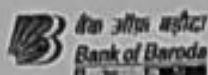
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 Mumbai - 400 022.

DR. ATUL P. CHIRMADE
 M.B.B.S., M.S.
 Consultant Laproscopic & Oncosurgeon
 Reg. No. 86962

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



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 spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	BHAVIK CHOUDHURY
DATE OF BIRTH	03-12-1986
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	12-06-2021
BOOKING REFERENCE NO.	21J125381100000530S
SPOUSE DETAILS	
EMPLOYEE NAME	MRS. SINGH GARIMA
EMPLOYEE EC NO.	125381
EMPLOYEE DESIGNATION	MARKETING
EMPLOYEE PLACE OF WORK	MUMBAI,RO MUMBAI NORTH
EMPLOYEE BIRTHDATE	30-03-1990

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 **28-05-2021** till **31-03-2022**. 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's spouse 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**

ATHARVA DIAGNOSTIC CENTRE
Gr. Floor, Shop No. 5, Saiprasad Bldg.,
F-Wing, Sion Kamgar CHS, Sion,
Mumbai - 400 022.

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