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



CAUTION: This amail is from an external source. Exercise caution when opening attachments or clicking links,

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.

- 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.

AS 2023-2024. Arcofemi Healthcare Limited.

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

Mediwhee! <wellness@mediwheel.in>

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

To: You

Cc: customercare@mediwheel.in

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MedSave

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,

Tests included in

We have received the confirmation for the following booking .

: 12-10-2023

Name : MS. RAWAT PREETI

Age . 30

Gender : Female

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

Contact Details : 8320657357 **Booking Date**

Appointment Date : 14-10-2023

	Member Inform	nation	
Booked Member Name	Age	Gender	Cost(In INR)
MS. RAWAT PREETI	30	Female	Cashless
	otal 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

> 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(Gammaglutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE

this Package 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

A@ 2023-2024, Arcoferni Healthcare Limited.



INETRIOSPITAL & HEART INSTITUTE

(A unit of Sunhill Hospitals Private Lin

Patient Name Pare et & Karat	7.	(FEXAN & ISO 9001: 200
Patient Name Pareefi Kawat Doctor Dr. Maman A	Age/Sex	Reg.No
Date		······································
		Time

DENTAL EXAMINATION

> TEETH STATUS

Gwd

MISSING

None

• DECAYED

None

> ORAL HYGIENE STATUS = Good

• STAINS

Absent

· CALCULUS -

Absent



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	





Metro Hospital & Heart Institute

OPD CONSULTATION

Patient Name Dr. Sushil | Luner |
Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Dat

OPHTHALMIC EXAMIATION

VISION

DISTANCE VISION-

At 6/6

Le 6/6

NEAR VISION-

Rt M/6

Le N/t

COLOUR VISION

Normal

EYE EXAMINATION

Cornea

Ant Chamber

Pupil

Fundus Examination

ADVICE-

Dr. Sushil Kumar (III) (Ophtho)
Consultant Ophtho
Metro Hornically, III

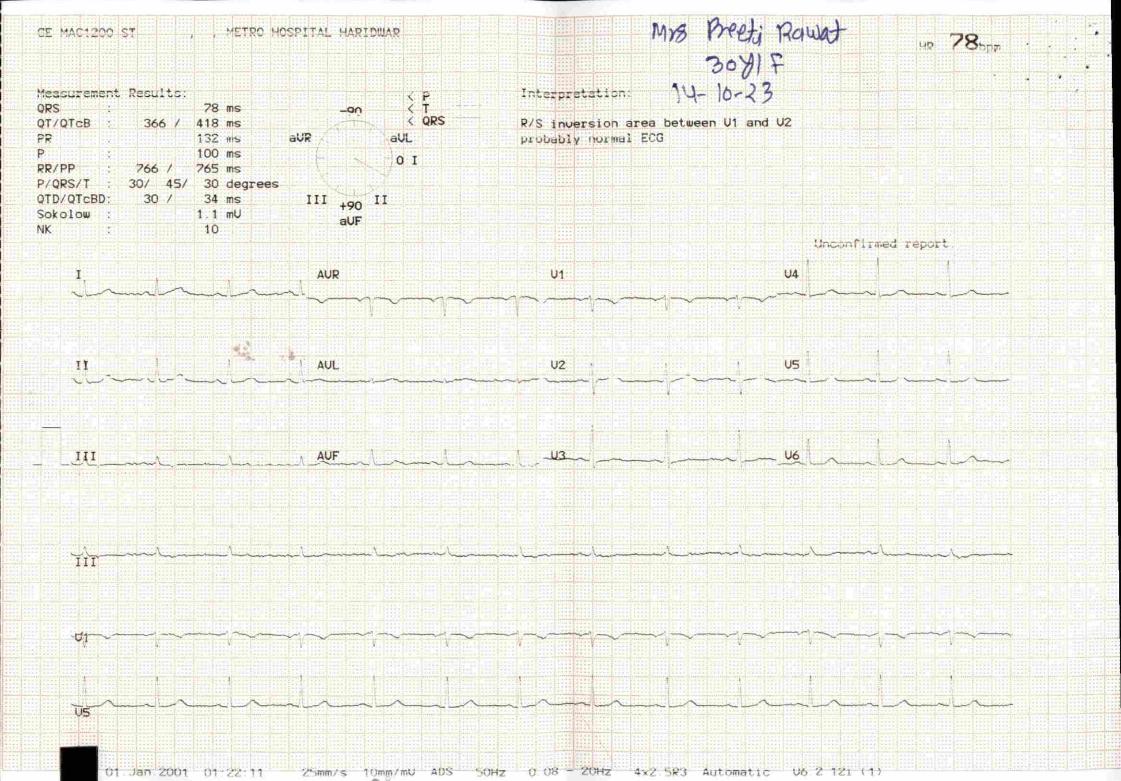
Metro Hospital War Institute Sideul, Haridway

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





Radiology Investigation Report

Name Ref. By : Mrs. Preeti Rawat

IP/OP Date

: Dr. ANIL SINGH : OP/202311322 : 14/10/2023

Age/Sex **UHID NO** : 30 Y/F

Request No

: 2023018019 : 70240507

histineu onaridwar/modules/taboratory/print_idoo

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 / vesical 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.

ASH CHANDRA PANDEY DR.PRAK MBBS, DMRD CONSULTANT RADIOLOGIST

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

Emergency: +91 8191902600, Phone: 01334 - 239040 / 42 / 43, Fax: 01334 - 239043 E mail : matroharidwar@metrohoenitals com Wahsita: www.metrohoenitals.com



Radiology Investigation Report

Name : Mrs. Preeti Rawat Ref. By IP/OP

Date

: Dr. ANIL SINGH : OP/202311322 : 14/10/2023

Age/Sex **UHID NO** Request No

: 30 Y/F : 2023018019 : 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, MMRD CONSULTANT RADIOLOGIST

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



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	4 11 20 14

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CIN No.: U33201DL20063PTC156918



FINAL IMPRESSION

- Normal Acoustic Window
- Normal Chambers Dimensions
- No RWMA
- LVEF~60%
- Grade | 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)



(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	Res	ult Unit	Bio. Ref. Inter.Test Metho
Hematology			The Interior st Metho
BLOOD GROUP			
ABO			
Rh	A		
10.000	POSIT	IVE	-
CBC (COMPLETE BLOOD COUNT/HAEM	IOGRAM)		
TLC	10.6	gm/dl	F - 11.5-15
	6830	/cumm	4000-11000
DLC (WBC DIFFERENTIAL) NEUTROPHILS			136,40,21,10,00
	60	9/0	45-75
LYMPHOCYTES	30	0/0	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	
PLATELET COUNT	1.20		31-37
RDW	14.2	%	m 1.5-4.5
ESR	24		11.5-15
Serology & Immunology	24	mm/hr	20
HYROID PROFILE			
T3	2.16	mass of L/I	1000 0 000
T4	9.64	nmol/L	1.70-3.10
TSH	3.24	μg/dl	5.95-15.4
	3.24	μIU/L	0.46-4.68

*** End of Reports ***

Dr. Vishal Arora MBBS, DCP (Consultant Pathologist)

Note:

- These reports are mere estimation of values at that particular time and are liable to vary/change in different conditions in different laboratories. The values are to be collaborated with clinical findings by qualified doctor and any alarming and unexpected results should be reported to Lab urgently
- these reports are not valid for medicolegal purposes and all doctor unsigned reports should be considered provisional only.

All card based tests are screening test therefore need confirmation by other alternative test like (PCR,ELISA).

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

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(A unit of Sunhill Hospitals Private Limited) (NABH & ISO 9001: 2008 Certified)

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

Ref. Inter. Test Method 3 40.0 10.0 0.0
40.0 10.0 0.0 0.0
40.0 10.0 0.0 0.0
0.0 0.0 0.0
0.0 0 0.0
0.0
0.0
.0

*** End of Reports ***

Dr. Vishal Arora MBBS, DCP (Consultant Pathologist)



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Pathology Report

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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

Ref. Inter. Test Method

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

*** End of Reports ***

Dr. Vishal Arora MBBS, DCP (Consultant Pathologist)

Checked By

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