

Patient Name : Mr.KARTHIKEYAN N	Collected : 02/Aug/2023 10:04AM
Age/Gender : 42 Y 9 M 14 D/M	Received : 02/Aug/2023 12:25PM
UHID/MR No : CBAS.0000048868	Reported : 02/Aug/2023 03:30PM
Visit ID : CBASOPV93978	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 160685	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	14.6	g/dL	13-17	Spectrophotometer
PCV	44.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.8	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	91.8	fL	83-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,270	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	59.4	%	40-80	Electrical Impedance
LYMPHOCYTES	28.6	%	20-40	Electrical Impedance
EOSINOPHILS	1.8	%	1-6	Electrical Impedance
MONOCYTES	9.3	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3130.38	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1507.22	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	94.86	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	490.11	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	47.43	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT	225000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm at the end of 1 hour	0-15	Modified Westegren method

PERIPHERAL SMEAR

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

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HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination



SIN No:BED230181465

Patient Name : Mr.KARTHIKEYAN N	Collected : 02/Aug/2023 10:04AM
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UHID/MR No : CBAS.0000048868	Reported : 02/Aug/2023 01:49PM
Visit ID : CBASOPV93978	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	96	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	102	mg/dL	70-140	HEXOKINASE
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Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	103	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control



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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	137	mg/dL	<200	CHO-POD
TRIGLYCERIDES	105	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	33	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	104	mg/dL	<130	Calculated
LDL CHOLESTEROL	82.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.14		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	1.16	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.22	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.94	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	35	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	76.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.61	g/dL	6.6-8.3	Biuret
ALBUMIN	4.05	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	1.46	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	33.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	15.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	8.94	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101–109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	35.00	U/L	<55	IFCC



SIN No:SE04440842

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UHID/MR No : CBAS.0000048868	Reported : 02/Aug/2023 02:44PM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.38	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.71	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.400	µIU/mL	0.35-4.94	CMIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.341	ng/mL	<4	CMIA



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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

***** End Of Report *****

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Anita Shobha Flynn
M.B.B.S, MD(Pathology)
Consultant Pathologist



DR. SHIVARAJA SHETTY
M.B.B.S, M.D(Biochemistry)
CONSULTANT BIOCHEMIST



Dr. Anita Shobha Flynn
M.B.B.S, MD(Pathology)
Consultant Pathologist



Apollo Clinic

CONSENT FORM

Patient Name: Karthikeyan Age: 42
UHID Number: 48868 Company Name: Aroopami Healthcare

I Mr/Mrs/Ms Employee of

(Company) Want to inform you that I am not interested in getting optical

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: Karthikeyan Date: 2/8/23

Patient Name : Mr. Karthikeyan N

Age/Gender : 42 Y/M

UHID/MR No. : CBAS.0000048868

OP Visit No : CBASOPV93978

Sample Collected on :

Reported on : 02-08-2023 14:00

LRN# : RAD2063091

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 160685

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

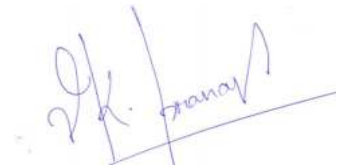
Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

IMPRESSION:

No obvious abnormality seen in the present study.



Dr. V K PRNAV VENKATESH
MBBS,MD
Radiology

Patient Name : Mr. Karthikeyan N

Age/Gender : 42 Y/M

UHID/MR No. : CBAS.0000048868

OP Visit No : CBASOPV93978

Sample Collected on :

Reported on : 02-08-2023 11:43

LRN# : RAD2063091

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 160685

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size (15.0 cm) and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echo-pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney appear normal in size 10.2x1.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Left kidney appear normal in size 11.61x.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate is normal in size measuring 3.5x3.2x3.3 cm (volume 19 cc) and echo texture.


- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

IMPRESSION:-

Grade I Fatty Liver.

Suggested clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. V K PRNAV VENKATESH
MBBS, MD
Radiology

Mr. Karthikeyan N

42/M



2/8/23

Adv.

OPG

→ "Denta-Scan"

Dr. Neeban

080-26616555

Alliance Dental Care Limited
GSTIN: 36AAFC1118N1ZB

Corporate & Regd. Office: #7-1-617A, 615 & 616, Imperial Towers, 7th Floor, Opp to Amceter Metro Station,
Amceter, Hyderabad 500036, Telangana.

Our Network: Bengaluru | Chennai | Delhi | Hyderabad | Kolkata | Madurai | Mumbai | Mysore | Nasik | Nellore |
Pune | Trichy | Chandigarh | Coimbatore | Dehradun | Guwahati | Kurnool | Surat | Tirupati | Vijayawada | Gurugram

To book an appointment



ECHOCARDIOGRAPHY REPORT

Name: Mr KARTHIKEYAN N

Age:42 YEARS

GENDER: MALE

Consultant: Dr.VISHAL KUMAR.H. Date : 02/08/2023

Findings

2D Echo cardiography

Chambers

- Left Ventricle: Normal, No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

Septa

- IVS: Intact
- IAS: Intact

Valves

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

Great Vessels

- Aorta: Normal
- Pulmonary Artery: Normal

Pericardium: Normal

Doppler echocardiography

Mitral Valve	E	0.76	m/sec	A	0.91	m/sec	No MR
Tricuspid Valve	E	0.47	m/sec	A	0.58	m/sec	No TR
Aortic Valve	Vmax	1.35	m/sec				No AR
Pulmonary Valve	Vmax	1.00	m/sec				No PR
Diastolic Dysfunction	GRADE I LVDD						

M-Mode Measurements

P Parameter	Observed Value	Normal Range	
A aorta	2.8	2.6-3.6	cm
LI left Atrium	3.4	2.7-3.8	cm
A Aortic Cusp Separation	1.7	1.4-1.7	cm
II IVS - Diastole	1.0	0.9-1.1	cm
L left Ventricle-Diastole	4.6	4.2-5.9	cm
P Posterior wall-Diastole	1.0	0.9-1.1	cm
I IVS-Systole	1.2	1.3-1.5	cm
LL left Ventricle-Systole	2.7	2.1-4.0	cm
P Posterior wall-Systole	1.1	1.3-1.5	cm
E ejection Fraction	60	≥ 50	%
F Fractional shortening	30	≥ 20	%
R Right Ventricle	2.7	2.0-3.3	cm

Impression -

- Normal Sized Cardiac Chambers
- No RWMA,S
- normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot
- **GRADE I LVDD**

DR. VISHAL KUMAR .H

CARDIOLOGIST

Personal Details
 UHID: 01P3FGAT6NB0RYA
 PatientID: 48868
 Name: Karthikeyan N
 Age: 42
 Gender: Male
 Mobile: 57656588876595

Pre-Existing Medical Conditions

Vitals

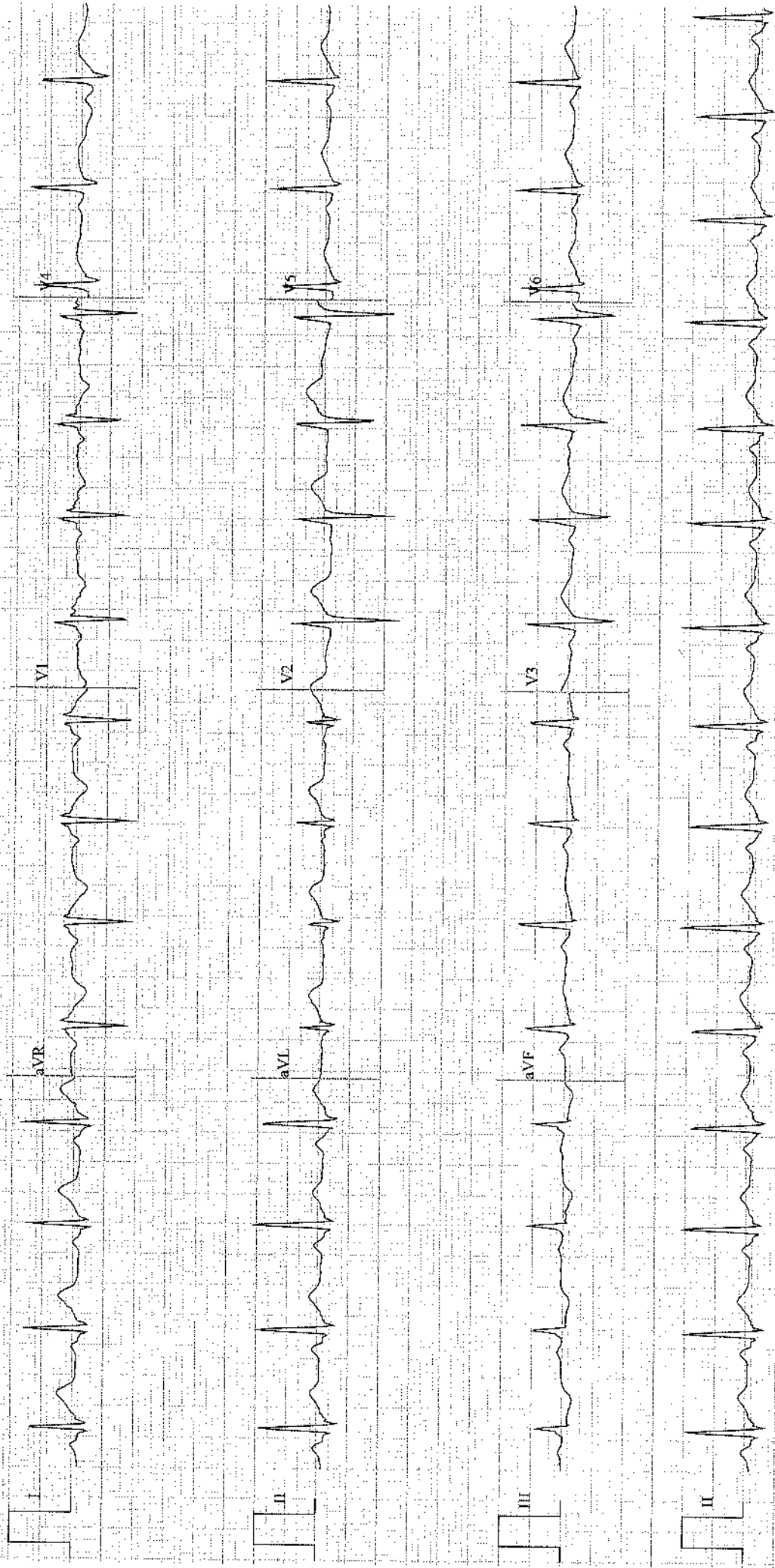
Measurements
 HR : 89 BPM
 PR: 144 ms
 PD: 122 ms
 QRS: 105 ms
 QRS Axis: 39 deg
 QT/QTc: 365/444 ms

Interpretation

Sinus Rhythm Regular
 Normal Axis
 Incomplete right Bundle Branch Block

Author: *yes*
 Dr. Yogesh MD, DNB, J Reg No- K

This trace is generated by *KardiaScreen*, Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from *IMEDEX*



Name : Mr. Karthikeyan N

Age: 42 Y

UHID:CBAS.0000048868

Address : BLR

Sex: M



OP Number:CBASOPV93978

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT

Bill No :CBAS-OCR-57313

Date : 02.08.2023 08:37

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
2	URINE GLUCOSE(FASTING)	
3	GAMMA GLUTAMYL TRANSFERASE (GGT)	
4	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
5	HbA1c, GLYCATED HEMOGLOBIN	
6	2 D ECHO	
7	LIVER FUNCTION TEST (LFT)	
8	X-RAY CHEST PA	
9	GLUCOSE, FASTING	
10	HEMOGRAM + PERIPHERAL SMEAR	
11	MENT CONSULTATION	
12	FITNESS BY GENERAL PHYSICIAN	
13	DIET CONSULTATION	
14	COMPLETE URINE EXAMINATION	
15	URINE GLUCOSE(POST PRANDIAL)	
16	PERIPHERAL SMEAR	
17	ECG	
18	BLOOD GROUP ABO AND RH FACTOR	
19	LIPID PROFILE	
20	BODY MASS INDEX (BMI)	
21	OPHTHAL BY GENERAL PHYSICIAN	
22	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
23	ULTRASOUND - WHOLE ABDOMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
25	DENTAL CONSULTATION	
26	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

2000M No

9:47 am

@ 9:45 AM

10:00 to 10:30am

@ before 11:30 AM

@ Physio

HF — 164cms
 WT — 109.1 kgs
 BP — 145/85 mmHg
 PR — 92bpm
 HIP — 120cms
 WAIST — 126cms
 BMI — 40.6 kg/m²

प्रति,

समन्वयक,
Mediwheel (Arcofemi Healthcare Limited)
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. N KARTHIKEYAN
क.कू.संख्या	160685
पदनाम	SINGLE WINDOW OPERATOR A
कार्य का स्थान	BENGALURU CENTRAL, REGIONAL SA
जन्म की तारीख	19-10-1980
स्वास्थ्य जांच की प्रस्तावित तारीख	02-08-2023
बुकिंग संदर्भ सं.	23S160685100064844E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक **25-07-2023** से **31-03-2024** तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



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	MR. N KARTHIKEYAN
EC NO.	160685
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	BENGALURU CENTRAL, REGIONAL SA
BIRTHDATE	19-10-1980
PROPOSED DATE OF HEALTH CHECKUP	02-08-2023
BOOKING REFERENCE NO.	23S160685100064844E

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 **25-07-2023** 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))

02/08/23

S/B/ENT

Mr. Kaethikeyan

42/M

- Came for health check up -
- K/C/O hypothyroidism since 5 years and is on T. Thyroxine 25 mcgm.

O/E: Ear : B/C TM Intact

Nose : Devs to (L) ; CD to (R) -

oral cavity : wnl

Neck : - Level I/II lymph node palpable - Small ; no obvious enlargement of thyroid gland.


Adv: follow up w T3 / T4 / TSH report.

USG NECK

2f

DR ANKITA P. ANAND
MBBS, MD, DNB, FRCR
KMC-JJ4400

भारतीय न्यायपालिका
भारतीय न्यायपालिका
भारतीय न्यायपालिका



नाम: कर्तव्येयन
NAME: KARTHKEYAN N
E.C. NO. 19625

भारीकर्ता प्राधिकारी
Assing Authority

भारीकर्ता प्राधिका
Signature of Holda

