



PATIENT NAME: MANJU GULIA

AGE/SEX: 51 YRS/F

DATE: Saturday, 26 August 2023

CHEST X-RAY (PA)

Both lung fields appear normal.

Both hila appear normal

Bilateral costo-phrenic angles appear grossly clear

Mediastinum and cardiac shadow appear normal

Bony thorax appears unremarkable

No evidence of free gas under domes of diaphragm

IMPRESSION:

- NO SIGNIFICANT ABNORMALITY NOTED IN LUNG FIELDS
- NORMAL CARDIAC SHADOW



DR SHARAD RUNGTA (MD & DNB)
CONSULTANT RADIOLOGIST

Not all pathologies can be detected on ultrasound in each scan. Further radiographic evaluation is suggested if required.



PATIENT NAME: MANJU SINGH GULIA

AGE/SEX: 51 YRS/F

DATE: Saturday, 26 August 2023

ULTRASOUND OF ABDOMEN & PELVIS

LIVER appears normal in size (12.2 cm) and shows normal parenchymal echogenicity. No evidence of focal lesion. No evidence of dilated IHBR or portal vein. CBD appears normal.

GALL BLADDER is distended. No evidence of abnormal wall thickening or any significant calculus within.

PANCREAS appears normal. MPD is WNL.

SPLEEN appears normal in size (8.6 cm) and shows normal parenchymal echogenicity. No evidence of focal lesion.

BOTH KIDNEYS appear normal in size (RK: 8.4 cm & LK: 9.1 cm), shape and position.

Show normal cortical echogenicity. Corticomedullary differentiation is maintained.

No evidence of calculus or hydronephrosis on either side.

URINARY BLADDER is partially full. No evidence of abnormal wall thickening or any significant calculus within.

UTERUS appears normal in size and position. CET is WNL. No evidence of focal lesion noted.

No evidence of focal or obvious adnexal mass lesion noted.

BOWEL LOOPS appear normal and show normal peristalsis.

No evidence of LYMPHADENOPATHY noted.

No evidence of ASCITES noted.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY AT PRESENT SCAN.**



DR SHARAD RUNGTA (MD & DNB)
CONSULTANT RADIOLOGIST

Not all pathologies can be detected on ultrasound in each scan. Further radiographic evaluation is suggested if required.



2D-ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

NAME: MANJU SINGH GULIA

AGE/SEX: 51 YRS/FEMALE

DATE: 26/08/2023

REF BY: DIRECT

OBSERVATION:

- NORMAL LV SIZE AND NORMAL LV SYSTOLIC FUNCTION. LVEF = 60% (VISUAL).
- NO RWMA AT REST.
- GRADE I LV DIASTOLIC DYSFUNCTION.
- MITRAL VALVE : AML : BELOVING, TRIVIAL MR. NO MS.
- NO AR. NO AS.
- TRIVIAL TR. NO PAH.
- NORMAL SIZED LA, RA & RV WITH NORMAL RV SYSTOLIC FUNCTION.
- NORMAL SIZED MPA, RPA & LPA.
- INTACT IAS & IVS.
- NO E/O INTRACARDIAC CLOT/VEGETATION/PE.
- NORMAL IVC.
- NORMAL PERICARDIUM.

LA: 32MM

AO: 29MM

IVS: 10/12MM

LVPW: 10/11MM

LVID: 40/21MM

CONCLUSION:

- NORMAL LV/RV SIZE AND SYSTOLIC FUNCTION.
- NO RWMA AT REST.
- LVEF = 60% (VISUAL).



DR. NIRAV BHALANI
[CARDIOLOGIST]

DR. ARVIND SHARMA
[CARDIOLOGIST]

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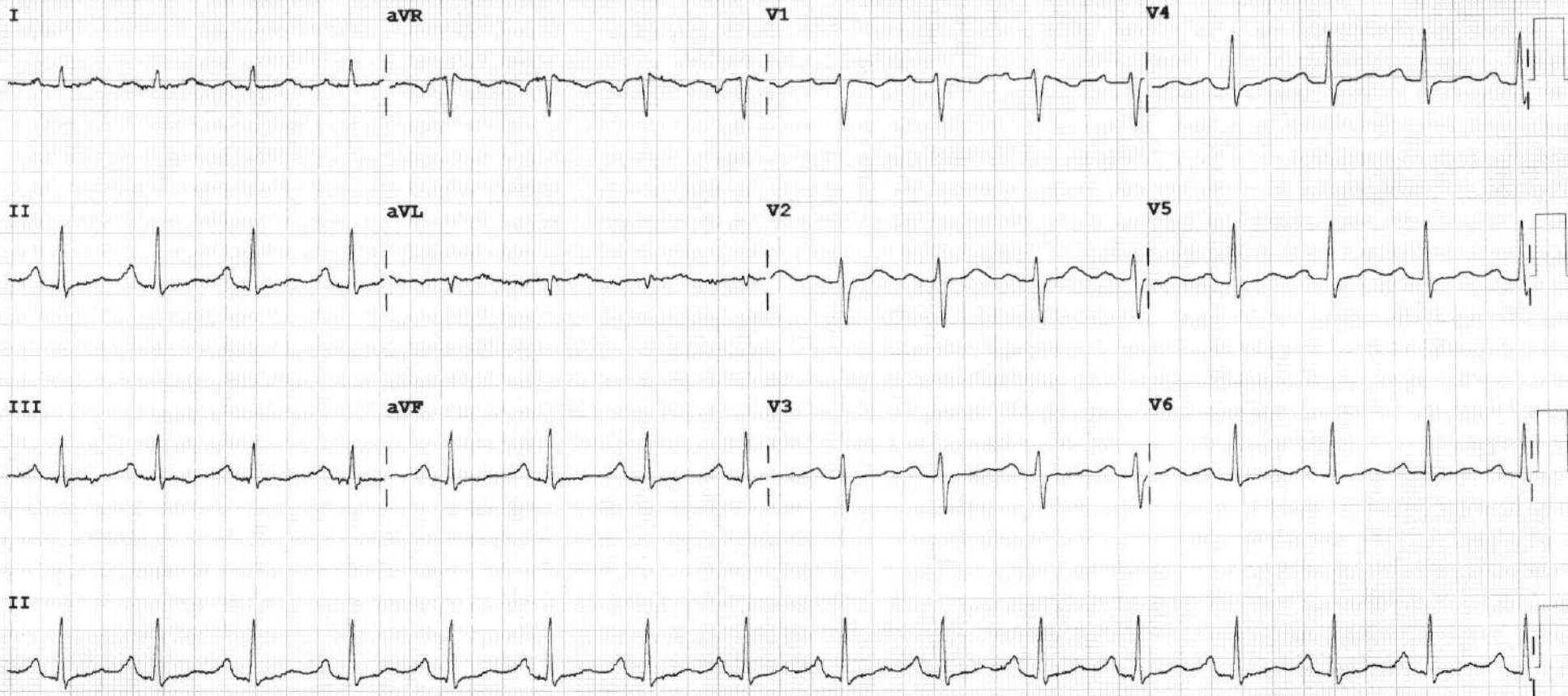
1954

Rate 94
PR 240
QRSD 98
QT 364
QTc 456

--AXIS--

P 68
QRS 68
T 9

12 Lead; Standard Placement



Device:

Speed: 25 mm/sec

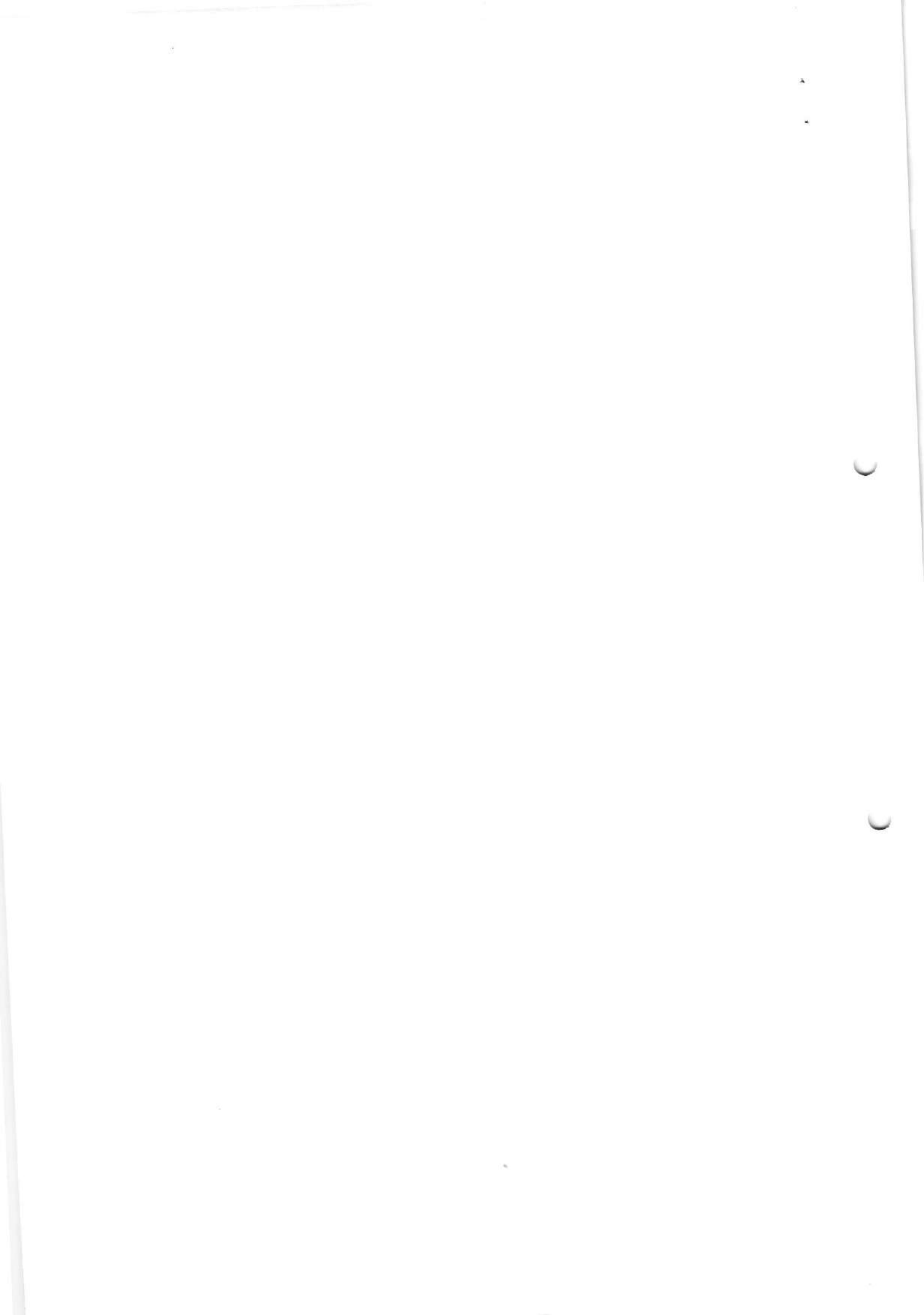
Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.50-150 Hz W

PH09

P?





Patient Name : Manju Singh . Gulia	Sample No. : 20230806375
Patient ID : 20230803597	
Age / Sex : 51y/Female	Visit No. : OPD20230811676
Consultant : DR SAURABH JAIN	Call. Date : 26/08/2023 08:44
Ward : -	S. Coll. Date : 26/08/2023 13:14
	Report Date : 26/08/2023 16:19

CBC, ESR

Investigation	Result	Normal Value
Hemoglobin :	12.6 gm/dl	12.5 to 16.0 gm/dl
P.C.V. :	39.5 %	37.0 to 47.0 %
M.C.V. :	87.6 fL	78 to 100 fL
M.C.H. :	27.9 pg	27 to 31 pg
M.C.H.C. :	31.9 g/dl [L]	32 to 36 g/dl
RDW :	12.7 %	11.5 to 14.0 %
RBC Count :	4.51 X 10 ⁶ / cumm	4.2 to 5.4 X 10 ⁶ / cumm
Polymorphs :	56 %	38 to 70 %
Lymphocytes :	40 %	15 to 48 %
Eosinophils :	2 %	0 to 6 %
Monocytes :	2 % [L]	3 to 11 %
Total :	100	< 100 > 100
WBC Count :	7300 /cmm	4000 to 10000 /cmm
Platelets Count :	248000 / cmm	1,50,000 to 4,50,000 /cmm
ESR - After One Hour :	29 mm/hr [H]	1 to 20 mm/hr

Dr. Mehul Desai
M.B.D.C.P
Reg.No.G-9521



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Blood Group

Investigation	Result	Normal Value
BLOOD GROUP :		
ABO	O	
Rh	Positive	

HBA1C

Investigation	Result	Normal Value
Glycosylated Hb :	5.7 %	Near Normal Glycemia : 6 to 7 Excellent Control : 7 to 8 Good Control : 8 to 9 Fair Control : 9 to 10 Poor Control : > 10
Average Plasma Glucose of Last 3 Months :	116.89	

FBS & PPBS

Investigation	Result	Normal Value
Blood Sugar (FBS) :	98 mg/dl	74 - 100 mg/dl
Urine Sugar (FUS) :	Nil	
Blood Sugar (PP2BS) :	86 mg/dl	70 to 120 mg/dl
Urine Sugar (PP2US) :	Nil	

Dr.Mehul Desai
M.B.D.C.P
Reg.No.G-9521



Patient Name : Manju Singh . Gulia

Sample No. : 20230806375



Patient ID : 20230803597

Visit No. : OPD20230811676

Age / Sex : 51y/Female

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Lipid Profile

Investigation	Result	Normal Value
Sample :	Fasting	
Sample Type :	Normal	
Cholesterol (Chol) :	231 mg/dl [H]	Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240
Triglyceride :	90 mg/dl	Normal : < 200.0 High : 200 - 499 Very High : > or = 500
HDL Cholesterol :	55 mg/dl	Low risk: >or = 60 mg/dL High risk : Up to 35 mg/dL
LDL :	158 mg/dl [N]	131.0 to 159.0(N) < 130.0(L) > 159.0(H)
VLDL :	18 mg/dl	Up to 0 to 34 mg/dl
LDL/HDL Ratio :	2.87	Low risk : 0.5 to 3.0 Moderate risk : 3.0 to 6.0 Elevted level high > 6.0
Total Chol / HDL Ratio :	4.2	Low Risk : 3.3 to 4.4 Average Risk : 4.4 to 7.1 Moderate Risk : 7.1 to 11.0 High Risk : > 11.0
Total Lipids :	676 mg/dl	400 to 700 mg/dl

Note :- Lipemic samples give high triglyceride value and falsely low LDL value.

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RENAL FUNCTION TEST

Investigation	Result	Normal Value
Creatinine :	0.8 mg/dl	0.6 - 1.4 mg/dl
Urea :	21 mg/ dl	13 - 45 mg/dl
Uric Acid :	3.9 mg/dl	3.5 - 7.2 mg/dl
Calcium :	8.4 mg/dl	8.5 - 10.5
Phosphorus :	4.2 mg/dl	1.5 - 6.8

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LFT (Liver Function Test)

Investigation	Result	Normal Value
Total Bilirubin :	1 mg/dl	0.2 to 1.0 mg/dl
Direct Bilirubin :	0.2 mg/dl	0.0 to 0.2 mg/dl
Indirect Bilirubin :	0.8 mg/dl	0.0 to 0.8 mg/dl
AST (SGOT) :	42 U/L [H]	5 to 34 U/L
ALT (SGPT) :	15 U/L	0 to 55 U/L
Total Protein (TP) :	6.8 g/dL	6.4 to 8.3, g/dl
Albumin (ALB) :	3.8 g/dl	3.5 to 5.2 g/dl
Globulin :	3 g/dl	2.3 to 3.5 g/dl
A/G Ratio :	1.27	
Alkaline Phosphatase (ALP) :	120 U/L	40 to 150 U/L
GAMMA GT. :	51 U/L [H]	7 to 35 U/L

Dr.Mehul Desai
M.B.D.C.P
Reg.No.G-9521

CONDITIONS OF REPORTING

1. The reported results are for the referring doctor's information only. Isolated results may not confirm the final diagnosis of a disease and should be interpreted with patient's clinical history, keeping in mind the limitations of methodology and technology. Partial reproduction of these reports are illegal.
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3. In case of collected specimens, which are referred to USL(B).LLP from a referral centre, it is presumed that patient's demographics are verified and confirmed at the point of generation of the said specimens and the result(s) relate only to the samples(s) receive.
4. USL(B).LLP does not verify client/patients' identity at the time of sample collection. It is presumed that whatever information given by them is true which is reflected in reports.
5. Laboratory results are subject to pre-analytical, analytical, post-analytical variable and technical limitations including human errors. USL(B).LLP kindly requests to correlate the reported results clinically. USL(B).LLP strongly recommends reconfirmation of high abnormal/unusual results with repeat fresh sample before taking any medical decision.
6. Results relate only to the sample tested. Result of laboratory tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient; may be due to physiological variations, different methodology, technology & its limitations etc.
7. A requested test might not be performed in case of following reasons: a) Insufficient quantity of specimen (inadequate collection/spillage in transit) b) Specimen quality unacceptable (hemolysed/clotted/lipemic etc) c) Incorrect specimen type d) Incorrect identity of specimen. In above mentioned circumstances it is expected that a fresh specimen will be sent for the purpose of the reporting on the same parameter.
8. In unanticipated circumstances (non-availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule. However USL(B).LLP will ensure that the delay is minimized.
9. The sex of the fetus will not be revealed as per the Prenatal Diagnostic Technique (Regulation and Prevention of Misuse Act, 1994)
10. Tests parameters marked by asterisks (*) are excluded from the "scope" of NABL accredited tests.
11. It is mandatory to send Biopsy/Histopathology specimen in 10% formalin.
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13. These reports are not valid for medico-legal purposes.
14. Any queries regarding possible interpretation / clinical - pathological correlation from referring doctor/patient should be directed to the pathologists.
15. Subject to Baroda Jurisdiction only.

GENERAL PRINCIPLES OF LABORATORY TESTING & LABORATORY REFERENCE RANGES

1. Under the best of circumstances, no test is having 100% sensitivity & 100% specificity. In the majority of laboratory parameters, the combination of short-term physiologic variation & analytical error/technological limitations are sufficient to render the interpretation of single determinations difficult especially when the concentrations are in borderline range. Any particular laboratory test result may be misleading (not correlating with clinical findings) for large varieties of reasons, regardless of high quality of laboratory, such results should be rechecked. If indicated new specimen should be submitted.
2. Reference ranges (biological reference interval) vary from one laboratory to another and with age, sex, race, size, physiologic status (e.g. pregnancy & lactation) that apply to the particular patient. Reference values represent the statistical data for 95% of the population; values outside these ranges do not necessarily represent disease. Result may still be within the reference range but be elevated above the patient's baseline, which is why serial testing is important in a number of conditions.
3. The effects of drugs on laboratory test values must never be overlooked. Laboratory values in elderly must be interpreted in light of many factors that affects "normal" values in this group.
4. Negative laboratory test results do not necessary rule out a clinical diagnosis.

TEAM OF DOCTORS

Dr. Girish Gupta, MD (Path)	Dr. Rakesh Shah MD (Path) , DCP
Dr. Ankit Jhaveri MD (Path)	Dr. Vishal Jhaveri, DCP
Dr. Rachna Parekh DCP	Dr. Hetal Parikh MD (Path) FRCPATH (UK)
Dr. Bhoomika Rajyaguru MD (Micro)	Dr. Sukanya Patra MBBS, MD (Path)
Dr. Varsha Raimalani, PhD	Dr. Shreyas Nisarta MD(Path)
Dr. Nehal Tiwari MD (Path)	Dr. Vaishali Bhatt, MD

OUR UNITS

- a) Aayu Path Lab (Tarsali) - 9376224836, 7043940202
- b) Purak Hi-Tech Lab (Nizampura) - 7229046350, 9377559900
- c) Dr. Jhaveri Laboratory (Akota) - 0265-2329428, 9998724579
- d) Dr. Jhaveri Laboratory (Polo Ground) - 0265-2424335, 9725282172
- e) Jhaveri Advanced Path Lab (Subhanpura)
- f) Jhaveri Advanced Path Lab (Waghodiya road)



Unipath Specialty Laboratory (Baroda) LLP - Platinum Complex, Opp. HDFC Bank, Nr. Radha Krishna char Rasta, Akola, Vadodara - 390020
 Phone: 0265-2354435 / 2326260 | Mobile: 7228800500 / 8155028222 | Email: info.baroda@unipathlp.in



TEST REPORT

Reg. No. : 30801014584 Reg. Date : 26-Aug-2023 11:51 Collected On : 26-Aug-2023 11:51
 Name : Ms. MANJUSING GULIA Approved On : 26-Aug-2023 12:42
 Age : 51 Years Gender : Female Ref. No. : Dispatch At :
 Ref. By : Tele No. :
 Location : SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine) <i>Method:CLIA</i>	1.10	ng/mL	0.6 - 1.81
T4 (Thyroxine) <i>Method:CLIA</i>	10.80	µg/dL	4.5 - 12.6
TSH (ultra sensitive) <i>Method:CLIA</i>	2.578	µIU/mL	0.55 - 4.78
Sample Type:Serum			

Comments:

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Saunders,2012:2170

----- End Of Report -----

This is an electronically authenticated report.

Test done from collected sample.

Dr. Vishal Jhaveri



Patient Name : Manju Singh . Gulia

Sample No. : 20230806375



Patient ID : 20230803597

Visit No. : OPD20230811676

Age / Sex : 51y/Female

Call. Date : 26/08/2023 08:44

Consultant : DR SAURABH JAIN

S. Coll. Date : 26/08/2023 13:14

Ward : -

Report Date : 26/08/2023 16:19

Urine R/M

Investigation	Result	Normal Value
Quantity - :	20 ml	
Colour - :	Straw	
Reaction (pH) :	6.0	4.6-8.0
Turbidity :	Clear	
Deposit :	Absent	Absent
Sp.Gravity :	1.005	1.005-1.010
Protein :	Absent	Absent
Glucose :	Absent	Absent
Bile Salts :	Absent	Absent
Bile pigments :	Absent	Absent
Ketones :	Absent	Absent
Urobilinogen :	Absent	
Blood :	Absent	Absent
Pus Cells :	0-1 /hpf	0-5/hpf
Red Blood Cells :	0-1 /hpf	Absent
Epithelial Cells :	3-5 /hpf	

Dr.Mehul Desai
M.B.D.C.P
Reg.No.G-9521



PHYSICIAN EXAMINATION

Name :	MANJUSINGH GULIA	Age :	51/FEMALE
Reg.No :	20230803597	DOE :	26/08/2023

Physical Examination:

Height:	161CM	Weight:	83KG	PULSE:	74	Temperature:	NORMAL
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BMI :	32	BP :	120/68	SPO2	97%
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Chief Complaint :	NAD
Past History :	K/C/O HYPOTHYROIDISM
General Examination :	NAD
Systemic Examination :	NAD
INVESTIGATION :	-
ADVICE :	CONT.THYROZXIN (75) 1-0-0 T.SUPRADYN 0-1-0



DR.SAURABH JAIN



EXAMINATION BY DENTAL

Name :	MANJUSINGH GULIA	Age/Sex:	51/FEMALE
Reg No :	20230803597	DOE:	26/08/2023

Presenting Complaint :	REG DENTAL CHECK UP
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Medical History :	NO RELEVANT HISTORY
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Examination :	CARIES IN $\frac{\quad}{8}$
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Impression :	-
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Advice :	IOPA IN $\frac{\quad}{8}$
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DR RUSDA MALEK



Examination Ophthalmologist

Name :	MANJUSINGH GULIA	Age :	51/FEMALE
Reg.No :	20230803597	DOE :	26/8/2023

Present Complaints :	-
Medical History :	-
Examination Of Eye :	-

External Examination :		
Ati Seg Examination :	A/S	WNL
Schiotz Tonometry IOP :	P	RRRL
Fundus :		

Without Glass	Distant Vision :	
	Near Vision :	
With Glass	Distant Vision : 6/5C-0.50DSPN	6/6C-0.5DSPN
	Near Vision : N6C+1.0DSPN	N6C+1.0DSPN
		ADD/BIFOCAL
Colour Vision (With Ishihara Chart) :		WNL
Advice :NIL		



DR CHETAN CHAUHAN



Examination by GYNAECOLOGIST

Name:	MANJUSINGH GULIA	Age:	51/FEMALE
Reg.No:	20230803597	DOE:	26/8/2023

Presenting Complaint:	NO FRESH COMPLAINTS AMENORRHOEA SINCE 8 MONTHS
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Medical History :	
M/H:	CMP-NOVEMBER 2022
O/H:	P2L2 2FTND TL NOT DONE
OTHER:	

EXAMINATION:	
P/A:	SOFT NO GTR
P/S:	CX VG (H)
P/V:	UTRV NS B/L FFTV

IMPRESSION:	
ADVICE:	ANNUAL GYNEC CHECK UP



DR KRUPALI PATEL



Mediwheel 2 days ago



to me, customercare ✓



Mediwheel
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Hi **Savita Superspeciality Hospital,**

Diagnostic/Hospital Location :**Parivar Char Rasta, Dabhoi - Waghodia Ring Rd, Sarthi Nagar 2, Kendranagar - 390019 ,City:Vadodara**

We have received the confirmation for the following booking .

Beneficiary Name : PKG10000237

Beneficiary Name : Manju Rani

Member Age : 57

Member Gender : Female

Member Relation : Spouse

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

Location : ANAND,Gujarat-388305

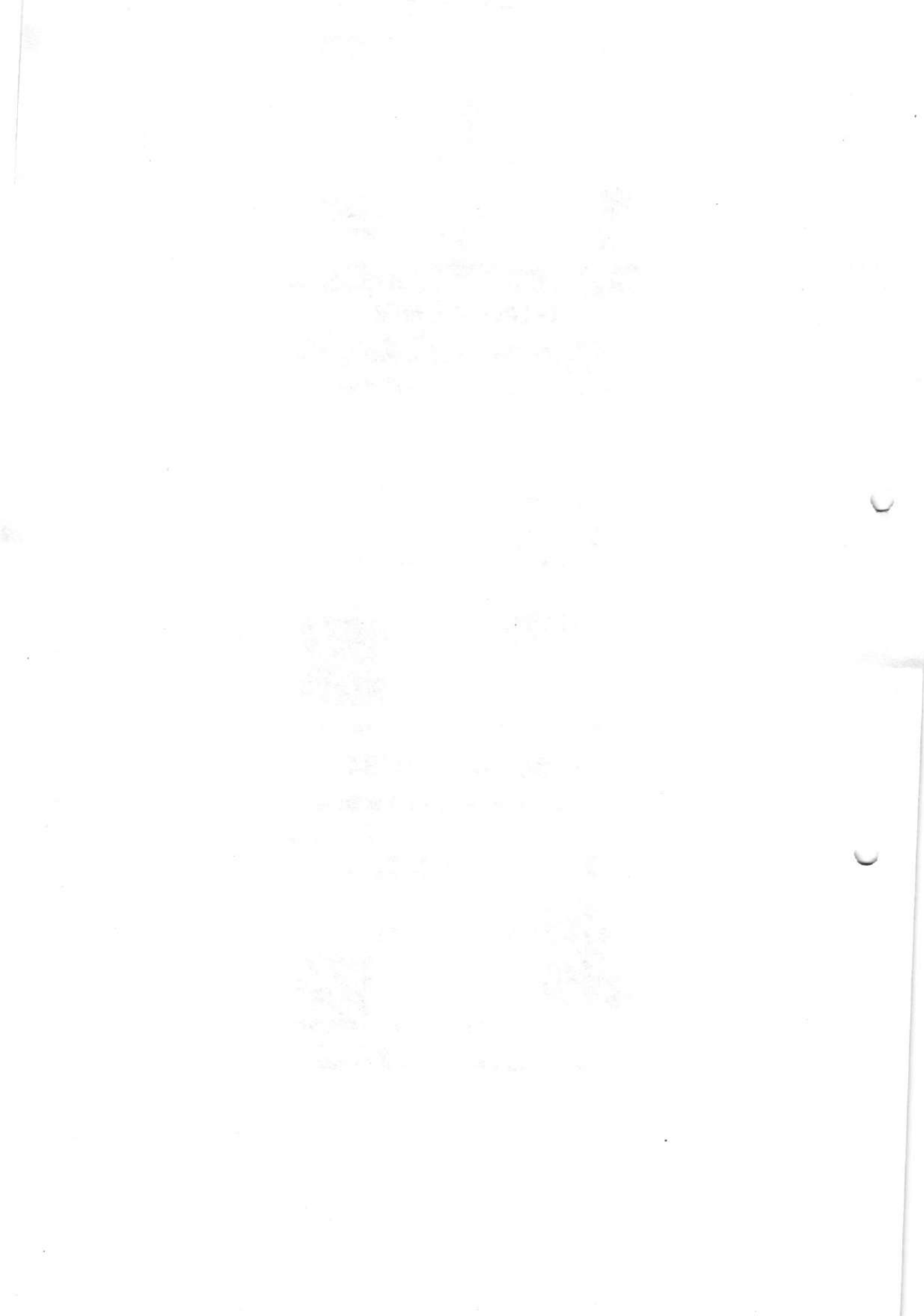
Contact Details : 94265 89537

Booking Date : 16-08-2023

Appointment Date : 26-08-2023

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.





ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ

ભારત સરકાર

Unique Identification Authority of India
Government of India

નોંધણીની ઓળખ / Enrollment No.: 1104/60618/06855

To
મંજુ ગુલીયા
Manju Gulia
W/O: Surendersingh Gulia
K - 9 RAJLAXMI TENAMENT
OPP KAMLA NAGAR AJWA ROAD Vadodara
Ajwa Road Vadodara Vadodara
Gujarat 390019

8785221



MN087852211DF



તમારો આધાર નંબર / Your Aadhaar No. :

3184 4275 9784

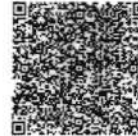
આધાર - સામાન્ય માણસનો અધિકાર



ભારત સરકાર
GOVERNMENT OF INDIA



મંજુ ગુલીયા
Manju Gulia
જન્મનું વર્ષ / Year of Birth : 1972
સ્ત્રી / Female



3184 4275 9784

આધાર - સામાન્ય માણસનો અધિકાર

Fw: Health Check up Booking Confirmed Request(bobS44263),Package Code-
PKG10000237, Beneficiary Code-70616

Surendersingh Gulia <surender690892@yahoo.in>

Wed 16-08-2023 14:48

To:Vasad Branch, Vasad, Anand <VASAD@bankofbaroda.com>

मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक
THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON

Sent from Yahoo Mail on Android

----- Forwarded message -----

From: "Mediwheel" <wellness@mediwheel.in>

To: "surender690892@yahoo.in" <surender690892@yahoo.in>

Cc: "customercare@mediwheel.in" <customercare@mediwheel.in>

Sent: Wed, 16 Aug 2023 at 1:33 pm

Subject: Health Check up Booking Confirmed Request(bobS44263),Package Code-
PKG10000237, Beneficiary Code-70616

011-41195959

Email:wellness@mediwheel.in

Dear **Manju Rani**,

Please find the confirmation for following request.

Booking Date : 16-08-2023

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

Name of Diagnostic/Hospital : Savita Superspeciality Hospital

Address of Diagnostic/Hospital : Parivar Char Rasta, Dabhoi - Waghodia Ring Rd, Sarthi Nagar 2,
Kendranagar - 390019

Contact Details : 7574078561

City : Vadodara

State : Gujarat

Pincode : 390019

Appointment Date : 26-08-2023

Confirmation Status : Confirmed

Preferred Time : 8:00am-8:30am