





 Age/Gender
 : 29 Y 8 M 24 D/F

 UHID/MR No
 : CASR.0000179065

 Visit ID
 : CASROPV203032

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 179794 Collected : 25/Mar/2023 12:27PM

Received : 25/Mar/2023 02:55PM Reported : 25/Mar/2023 04:07PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF HAEMATOLOGY**

ARCOFEMI - MEDIWHEEL - FULL BODY		DI LIG CHECK -	EEMALE - 2D ECHO - E	OVN INIDIV - EA3334
ANCOPEINI - INIEDIWITELE - FOLL BOD	I IILALIII ANNOAL	FLUS CITECK -	FLIVIALL - 2D LCITO - F	AN INDIA - F 12324
Test Name	Result	Unit	Bio. Ref. Range	Method
		• • • • • • • • • • • • • • • • • • • •		

HAEMOGLOBIN	13.2	g/dL	12-15	Spectrophotometer
PCV	38.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.45	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	86.5	fL	83-101	Calculated
MCH	29.8	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	17.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,990	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (D	LC)			
NEUTROPHILS	77.6	%	40-80	Electrical Impedance
LYMPHOCYTES	16	%	20-40	Electrical Impedance
EOSINOPHILS	0.7	%	1-6	Electrical Impedance
MONOCYTES	5.6	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6200.24	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1278.4	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	55.93	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	447.44	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	7.99	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	204000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	22	mm at the end of 1 hour	0-20	Modified Westergrei

RBC NORMOCYTIC NORMOCHROMIC

WBC WITHIN NORMAL LIMITS

PLATELETS ARE ADEQUATE ON SMEAR

NO HEMOPARASITES SEEN

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Page 1 of 12





 $This test has been performed at Apollo \ Health \ \& \ Lifestyle \ Ltd, Global \ Reference \ Laboratory, Hyderabad$ 









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#### **DEPARTMENT OF HAEMATOLOGY** ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324 **Test Name** Result Unit Bio. Ref. Range Method

BLOOD GROUP ABO AND RH FACTOR,	WHOLE BLOOD-EDTA	
BLOOD GROUP TYPE	А	Microplate technology
Rh TYPE	Positive	Microplate technology

Page 2 of 12













Age/Gender : 29 Y 8 M 24 D/F UHID/MR No : CASR.0000179065

Visit ID : CASROPV203032

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 179794 Collected : 25/Mar/2023 12:27PM

Received : 25/Mar/2023 03:03PM Reported : 25/Mar/2023 05:48PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

ARCOFEMI - MEDIWHEEL - FULL BODY	Y HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - E	<b>ΣΑΝ ΙΝΠΙΔ - FY2324</b>		
ANCOG EIIII MEDITTIEEE TOLEBOD	ANOOF LIME MILDIWITELE TO DEED DOT TIEALITY ANNOALT EGO OFFICINET TEMALE TO COME THE ANTIQUE TO					
Test Name	Result	Unit	Bio. Ref. Range	Method		
i est ivallie	Result	Offic	Bio. Kei. Kalige	Wethou		

GLUCOSE, FASTING , NAF PLASMA	79	mg/dL	70-100	HEXOKINASE	
-------------------------------	----	-------	--------	------------	--

#### **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	145	mg/dL	70-140	HEXOKINASE
HOURS, NAF PLASMA				

#### **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

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.6	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG), WHOLE BLOOD-EDTA	114	mg/dL	Calculated

#### **Comment:**

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7

Page 3 of 12









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#### DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324						
Test Name	Result	Unit	Bio. Ref. Range	Method		

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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#### DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

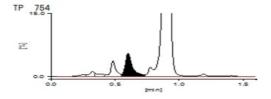
**Test Name** Result Unit Bio. Ref. Range Method

#### Chromatogram Report

1234 2023-03-25 16:34:21 EDT230031544 ID Sample No. Patient ID 03250187 SL 0015 - 04

> CAL IB Y =1, 1676X + 0, 6473 Time Area A1A 0. 4 0. 25 7. 86 12.14 A1B 0.6 0.32 0. 6 2. 2 5. 6 92. 6 0. 39 0. 48 0. 60 11. 14 43. 31 LA1C+ SA1C 85 72 AO H-VO 1860. 58 H-V1 H-V2

2020.75 Total Area HbA1c 5.6 % IFCC 38 mol/mol HbA1 6.6 % HbF 0.6 %



25-03-2023 17:20:34 apollo

APOLLO DIAGNOSTICS GLOBAL BALNAGAR

Page 5 of 12

1/1









SIN No:PLF01950365,PLP1315318,EDT230031544







Age/Gender : 29 Y 8 M 24 D/F UHID/MR No : CASR.0000179065

Visit ID : CASROPV203032

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 179794

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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

ARCOFEMI - MEDIWHEEL - FULL BODY	Y HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - F	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	197	mg/dL	<200	CHO-POD
TRIGLYCERIDES	127	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	71	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	126	mg/dL	<130	Calculated
LDL CHOLESTEROL	100.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	25.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.77		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
11 1 11	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.

Page 6 of 12







A-12, # 1-9-71/A/12/b, Rishab Heights, Rukminipuri Ho A S Rao Nagar, Hyderabad, Telangana, India - 500062







Age/Gender : 29 Y 8 M 24 D/F UHID/MR No : CASR.0000179065

: CASROPV203032 Visit ID

**Test Name** 

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 179794

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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY** ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324 Result Unit Bio. Ref. Range Method

LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.51	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.42	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	53.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.05	g/dL	6.6-8.3	Biuret
ALBUMIN	4.26	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.79	g/dL	2.0-3.5	Calculated
A/G RATIO	1.53		0.9-2.0	Calculated

Page 7 of 12







Address: A-12, # 1-9-71/A/12/b, Rishab Heights, Rukminipuri Hot A S Rao Nagar, Hyderabad, Telangana, India - 500062







Patient Name

: Mrs.KUSUMA RANGOLI

Age/Gender

: 29 Y 8 M 24 D/F

UHID/MR No

: CASR.0000179065

Visit ID Ref Doctor : CASROPV203032

: Dr.SELF

Emp/Auth/TPA ID : 179794 Collected

: 25/Mar/2023 12:27PM : 25/Mar/2023 03:26PM

Received Reported

: 25/Mar/2023 07:58PM

Status : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

ARCOFEMI - MEDIWHEEL - FULL BODY	Y HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - I	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

CREATININE	0.50	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	11.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	1.94	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.47	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.00	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	134	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	99	mmol/L	101–109	ISE (Indirect)

Result is rechecked. Kindly correlate clinically

Page 8 of 12













Age/Gender : 29 Y 8 M 24 D/F UHID/MR No : CASR.0000179065

: CASROPV203032 Visit ID

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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

GAMMA GLUTAMYL TRANSPEPTIDASE	14.00	U/L	<38	IFCC
(GGT) , SERUM				

Page 9 of 12













Patient Name

: Mrs.KUSUMA RANGOLI

Age/Gender

· 29 Y 8 M 24 D/F

UHID/MR No

: CASR.0000179065

Visit ID Ref Doctor : CASROPV203032

: Dr.SELF

Emp/Auth/TPA ID : 179794 Collected : 25/Mar/2023 12:27PM

Received : 25/Mar/2023 03:26PM

Reported : 25/Mar/2023 06:41PM

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

: Final Report

#### DEPARTMENT OF IMMUNOLOGY

Status

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

THYROID PROFILE (TOTAL T3, TOTAL T4,	TSH), SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	1.37	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.06	μg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.787	μIU/mL	0.34-5.60	CLIA

#### **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	

Page 10 of 12







A-12, # 1-9-71/A/12/b, Rishab Heights, Rukminipuri Ho A S Rao Nagar, Hyderabad, Telangana, India - 500062







Age/Gender : 29 Y 8 M 24 D/F UHID/MR No : CASR.0000179065 : CASROPV203032 Visit ID

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 179794

Collected : 25/Mar/2023 12:27PM Received : 25/Mar/2023 04:22PM

Reported : 25/Mar/2023 06:08PM

: Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

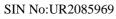
#### **DEPARTMENT OF CLINICAL PATHOLOGY** ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324 **Test Name** Result Unit Bio. Ref. Range Method

Status

COMPLETE URINE EXAMINATION, URINI	E			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	8.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE	- 6	NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRLICH
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUN	T AND MICROSCOPY	•		
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 11 of 12





This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad









Age/Gender : 29 Y 8 M 24 D/F UHID/MR No : CASR.0000179065

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#### **DEPARTMENT OF CLINICAL PATHOLOGY**

ARCOFEMI - MEDIWHEEL - FULL BODY	Y HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO -	PAN INDIA - FY2324

lest name	Result	Unit	Bio. Ref. Range	wetnoa

URINE GLUCOSE(POST PRANDIAL)	NEGATIVE	NEGATIVE	Dipstick	

URINE GLUCOSE(FASTING) **NEGATIVE NEGATIVE** Dipstick

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

Result/s to Follow: PERIPHERAL SMEAR

SHALINI SINGH M.B.B.S, MD

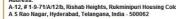
Consultant Pathologist

Dr.SRINIVAS N.S.NORI M.B.B.S, M.D(PATHOLOGY) CONSULTANT PATHOLOGIST Dr. RAJESH BATTINA PhD. (Biochemistry) Consultant Biochemist MBBS, MD(Pathology) Consultant Pathologist

Page 12 of 12









No.

# बैंक ऑफ़ बड़ीदा Bank of Baroda

रोंगाली कुसुमा Rongali Kusuma

179794

कर्ता प्राधिकारी uing Authority



थारक के हस्ताक्षर

Signature of Holder

Mrs. KUSUMA RANGOLI CASR.0000179065 Name: MR No: 29 Y/F Age/Gender: Visit ID: CASROPV203032

Address: HYD Visit Date: 25-03-2023 09:41

HYDERABAD, TELANGANA Location: Discharge Date: SELF

Doctor: Referred By: GENERAL Department:

Rate Plan: AS RAO NAGAR\_03122022

ARCOFEMI HEALTHCARE LIMITED Sponsor:

#### Vitals:

D	late l	Pulse (Beats/min)		Resp (Rate/min)	Temp (F)	Height (cms)	(Kge)		Fat Level	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
2	7-03-2023	79	110/70	20	98.6	163	59 Kgs	0/_	%	Years	22.21	ome	cms	cms		AHLL00331
1	6:24	Beats/min	mmHg	Rate/min	F	cms	Jy Kgs	70	/0	1 cars	22.21	CIIIS	CIIIS	CIIIS		ATILLOUSSI

## OPRANT TEXAN MINIMANTO PRIMILE



Date: 25/3/2023	
Patient ID :	MHC
	Age: 29 Sex: Male [ Female]
Medical History :	
Drug Allergy :	
Medication currently taken by the Guest:	
Initial Screenign Findings :	
Dental Caries :	Missing Teeth :
Impacted Teeth:	Attrition / Abrasion :
Bleeding: $+W$	Pockets / Recession:
Calculus / Stains:	Mobility:
Restored Teeth:	Non - restorable Teeth for extraction / Root Stumps :
Malocclusion:	
$\wedge$ $\wedge$ $\wedge$	Others:

Advice :- (1)

bring

Oral

graphylanie q

Doctor

Name & Signature:

D. Moundy





### POWER PRESCRIPTION

NAME: MYS. KUSUMA, A

GENDER: M/F

DATE: 25/03/23

AGE: 29

UHID:

**RIGHT EYE** 

	SPH	CYL	AXIS	VISION
DISTANCE	_			0/6
EAR				NG

LEFT EYE

SPH	CYL	AXIS	VISION
0.50			0/6
			256

COLOUR VISION:

**DIAGNOSIS** 

OTHER FINDINGS:

**INSTRUCTIONS** 







# **Apollo Clinic**

PHYSICAL EXAMINATION FORM

Apollo Clinic

Name Date 25/3/23 1 187 Kusumer Age 24/

179065.

5 Cms

Height

Kgs

Weight

(in)cm

**Chest Measurement** 

(out)cm

cm

Waist

Pulse

Bt/Min

BMI

ВР

HP

kgs/cm2

mm/Hg SPO2

%

Apollo Clinic, A.S. Rao Nagar.



Apollo HOSPITALS Mys. Jusuma

Health cheeking

Ear )
Nox ( Wy

No medication

Patient Name : Mrs. KUSUMA RANGOLI Age : 29 Y/F

UHID: CASR.0000179065OP Visit No: CASROPV203032Reported By:: Dr. T NAVEENConducted Date: 26-03-2023 09:24

Referred By : SELF

#### **ECG REPORT**

#### **Observation:**

- 1. Normal Sinus Rhythm.
- 2. Heart rate is 77 beats per minutes.
- 3. No pathological Q wave or ST-T changes seen.
- 4. Normal P,QRS,T waves and axis.
- 5. No evidence of chamber, hypertrophy or enlargement see

#### **Impression:**

NORMAL RESTING ECG.

---- END OF THE REPORT -----

Dr. T NAVEEN