

Patient Name : Mrs.VEERALAKSHMI	Collected : 22/Mar/2023 09:05AM
Age/Gender : 29 Y 6 M 0 D/F	Received : 22/Mar/2023 01:36PM
UHID/MR No : CBAS.0000086617	Reported : 22/Mar/2023 03:14PM
Visit ID : CBASOPV90575	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 125311	

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
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HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	12.9	g/dL	12-15	Spectrophotometer
PCV	37.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.36	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	86.8	fL	83-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	12.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,310	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	51.6	%	40-80	Electrical Impedance
LYMPHOCYTES	36.1	%	20-40	Electrical Impedance
EOSINOPHILS	2.1	%	1-6	Electrical Impedance
MONOCYTES	9.8	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3255.96	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2277.91	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	132.51	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	618.38	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	25.24	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT	319000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	17	mm at the end of 1 hour	0-20	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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Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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UHID/MR No : CBAS.0000086617	Reported : 22/Mar/2023 04:02PM
Visit ID : CBASOPV90575	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA

BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



SIN No:BED230072563

Patient Name : Mrs.VEERALAKSHMI	Collected : 22/Mar/2023 09:05AM
Age/Gender : 29 Y 6 M 0 D/F	Received : 22/Mar/2023 12:31PM
UHID/MR No : CBAS.0000086617	Reported : 22/Mar/2023 02:40PM
Visit ID : CBASOPV90575	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 125311	

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
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GLUCOSE, FASTING , NAF PLASMA	99	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 , NAF PLASMA	108	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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Visit ID : CBASOPV90575	Status : Final Report
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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
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	117	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



Patient Name : Mrs.VEERALAKSHMI	Collected : 22/Mar/2023 09:05AM
Age/Gender : 29 Y 6 M 0 D/F	Received : 22/Mar/2023 01:43PM
UHID/MR No : CBAS.0000086617	Reported : 22/Mar/2023 09:29PM
Visit ID : CBASOPV90575	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 125311	

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
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	166	mg/dL	<200	CHO-POD
TRIGLYCERIDES	80	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	119	mg/dL	<130	Calculated
LDL CHOLESTEROL	102.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.53		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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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
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.51	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.43	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	85.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.58	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.28	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		0.9-2.0	Calculated



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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
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RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.48	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	16.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.44	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.81	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101–109	ISE (Indirect)



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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	18.00	U/L	<38	IFCC



Patient Name : Mrs.VEERALAKSHMI	Collected : 22/Mar/2023 09:05AM
Age/Gender : 29 Y 6 M 0 D/F	Received : 22/Mar/2023 01:42PM
UHID/MR No : CBAS.0000086617	Reported : 22/Mar/2023 03:38PM
Visit ID : CBASOPV90575	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 125311	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	0.93	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.36	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	1.425	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



Patient Name : Mrs.VEERALAKSHMI	Collected : 22/Mar/2023 09:04AM
Age/Gender : 29 Y 6 M 0 D/F	Received : 22/Mar/2023 04:57PM
UHID/MR No : CBAS.000086617	Reported : 22/Mar/2023 05:25PM
Visit ID : CBASOPV90575	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 125311	

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
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COMPLETE URINE EXAMINATION , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		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	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Patient Name : Mrs.VEERALAKSHMI	Collected : 22/Mar/2023 09:04AM
Age/Gender : 29 Y 6 M 0 D/F	Received : 22/Mar/2023 04:57PM
UHID/MR No : CBAS.0000086617	Reported : 22/Mar/2023 06:44PM
Visit ID : CBASOPV90575	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 125311	


DEPARTMENT OF CLINICAL PATHOLOGY

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

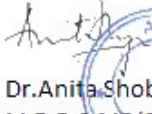
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Prasanna
M.B.B.S, M.D
Consultant Pathologist



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





Patient Name : Mrs. VEERALAKSHMI

Age/Gender : 29 Y/F

UHID/MR No. : CBAS.0000086617

OP Visit No : CBASOPV90575

Sample Collected on :

Reported on : 25-03-2023 11:30

LRN# : RAD1955765

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 125311

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

examination not done



Patient Name : Mrs. VEERALAKSHMI

Age/Gender : 29 Y/F

UHID/MR No. : CBAS.0000086617

OP Visit No : CBASOPV90575

Sample Collected on :

Reported on : 25-03-2023 11:30

LRN# : RAD1955765

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 125311

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

examination not done

Patient Name : Mrs. VEERALAKSHMI

Age/Gender : 29 Y/F

UHID/MR No. : CBAS.0000086617

OP Visit No : CBASOPV90575

Sample Collected on :

Reported on : 25-03-2023 11:04

LRN# : RAD1955765

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 125311

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size (13.9 cm) and appears normal 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 8.9x1.4 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained. non obstructive right renal calculi in mid pole measuring 0.3 cm

Left kidney appear normal in size 8.3x1.5 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.

Uterus appears normal in size and measuring 7.9x3.6x4.0 cm. It shows normal shape & echopattern. Endometrial echo-complex appears normal and measures 0.6 cm.

Both ovaries appear normal in size, shape and echotexture.
Right ovary measuring 2.5x2.4 cm and left ovary measuring 3.6x2.0 cm .
No evidence of any adnexal pathology noted.

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

IMPRESSION:-

Non obstructive right renal calculi.

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

Date: IST: 2023-03-22 10:11:35

Personal Details
UHID: 01P3FGAT6JMOSA1
PatientID: 86617
Name: Veera lakshmi
Age: 29
Gender: Female
Mobile: 7754945949455

Pre-Existing Medical- Symptoms Conditions

Vitals

Measurements
HR: 95 BPM
PR: 139 ms
PD: 112 ms
QRS: 82 ms
QRS Axis: 47 deg
QT/QTc: 359/452 ms

Report ID: AHLLP_01P3FGAT6JMOSA1_V6JMOSBB

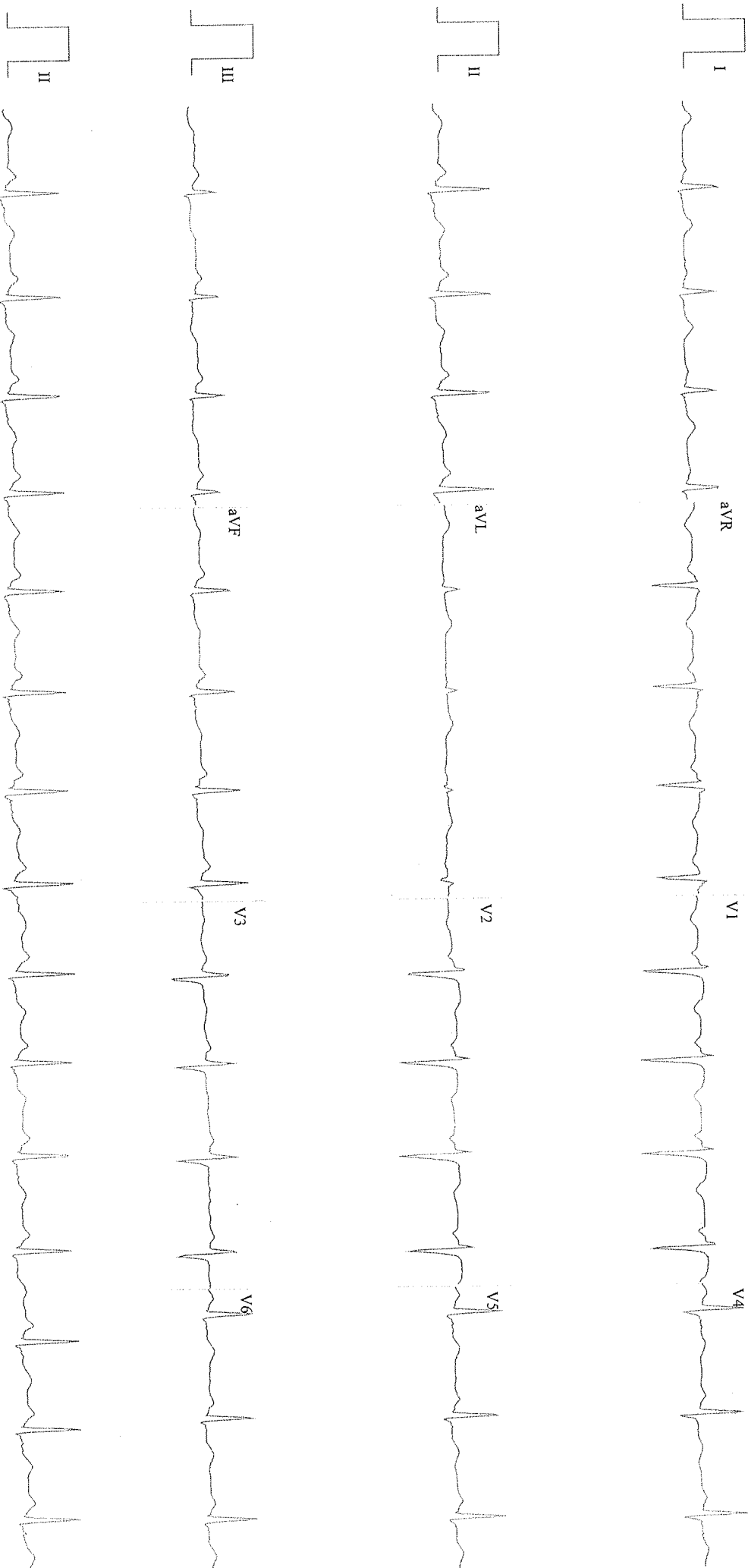
Interpretation

Sinus Rhythm Regular
Normal Axis
Inverted T Waves in V2

This report is generated by Karthikeyan, Chennai, Tamil Nadu, India. Contact: 9840123456


Author:

Dr. Yogesh
M.D.DNB.I
Reg. No- K



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV

Disclaimer: This report is based on ECG data and should be used as an adjunct to clinical history, symptoms and reports of other non-invasive tests and must be interpreted by a qualified physician. Normal ECG does not rule out heart disease. However, ECG does not always mean severe heart disease. Conduction system disease is important.

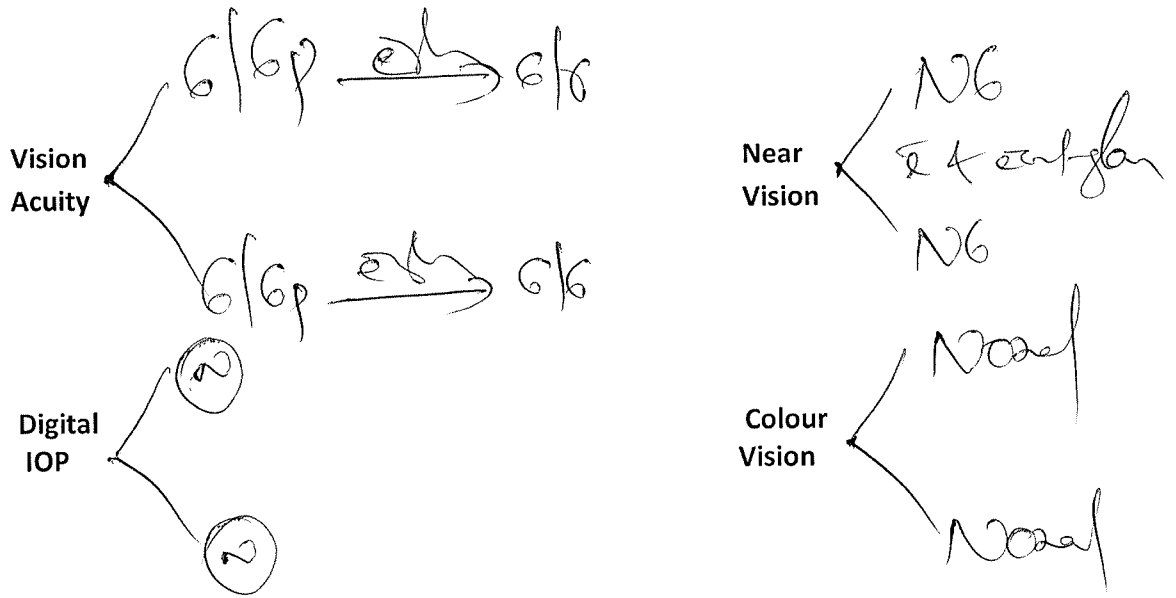
Name : Mrs. VEERALAKSHMI	Age : 29 Y	UHID :CBAS.0000086617
Address : blore	Sex : F	
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number :CBASOPV90575
		Bill No :CBAS-OCR-55043
		Date : 22.03.2023 08:43

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	<i>Remaining tests at</i>
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	HbA1c, GLYCATED HEMOGLOBIN	
4	2 D ECHO <i>Reason no-5</i>	<i>Pending</i>
5	LIVER FUNCTION TEST (LFT)	
6	X-RAY CHEST PA <i>- 4</i>	<i>skipped</i>
7	GLUCOSE, FASTING	
8	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION	
10	FITNESS BY GENERAL PHYSICIAN	
11	GYNAECOLOGY CONSULTATION	
12	DIET CONSULTATION	
13	COMPLETE URINE EXAMINATION	
14	URINE GLUCOSE(POST PRANDIAL)	
15	PERIPHERAL SMEAR	
16	ECG <i>- 3</i>	
17	BLOOD GROUP ABO AND RH FACTOR	
18	LIPID PROFILE	
19	BODY MASS INDEX (BMI)	
20	LBC PAP TEST- PAPSURE	
21	OPHTHAL BY GENERAL PHYSICIAN <i>- 3</i>	
22	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
23	ULTRASOUND - WHOLE ABDOMEN <i>- 5</i>	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
25	DENTAL CONSULTATION <i>- 1 floor</i>	
26	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

*Ht - 147cm
wt - 53.3kg
BP - 120/76mmHg
PR - 98b/m
H -
W -*

Mrs. Veeralakshmi 29/11/22 86617 22/8/23

EYE CHECK UP REPORT



• Fundus: Normal @ study

• Ant. Segment :- Normal

• Media: Normal

• Pupil: Normal

BCVA $\left\{ \begin{array}{l} 0.50 @ 170 - 6/6, N6 \\ 0.50 @ 10 - 6/6, N6 \end{array} \right.$

KHB

Apollo Clinic

X ray

CONSENT FORM

Patient Name: ^{Ms.} Keeralakshmi Age: 29 yrs.

UHID Number: 86617 Company Name: Bank of Baroda ,


I Mr/Mrs/Ms Keeralakshmi Employee of Arcofem medi wheel.
Bank of Baroda ,

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

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

And I claim the above statement in my full consciousness.

X ray

Patient Signature:  Date: 22/03/23

RE: Booking Appointment no. of 53

Corporate Apollo Clinic <corporate@apolloclinic.com>

Thu 3/16/2023 4:49 PM

To: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

Cc: deepak <deepak.c@apolloclinic.com>; Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>; Rahul Rai <rahul.raai@apolloclinic.com>; Indrapuram Apolloclinic <indrapuram@apolloclinic.com>; Cc Tardeo <cc.tardeo@apollospectra.com>; Apollo Clinic Uppal <uppal@apolloclinic.com>; 'coimbatore@theapolloclinic.com' <coimbatore@theapolloclinic.com>; JP Nagar Apollo Clinic <jpnagar@apolloclinic.com>; theapolloclinicandherieast@gmail.com <theapolloclinicandherieast@gmail.com>; Chandigarh@theapolloclinic.com <chandigarh@theapolloclinic.com>; Cc Kbh <cc.kbh@apollospectra.com>; Fo Karol Bagh <fo.kbh@apollospectra.com>; adajan@theapolloclinic.com <adajan@theapolloclinic.com>; barrackpore@theapolloclinic.com <barrackpore@theapolloclinic.com>; 'coimbatore@theapolloclinic.com' <coimbatore@theapolloclinic.com>; Manikonda Clinic <manikonda@apolloclinic.com>; vashi@apolloclinic.com <vashi@apolloclinic.com>; cmvashiapollo <cmvashiapollo@gmail.com>; guntur@apolloclinic.com <guntur@apolloclinic.com>; Basavanagudi Apolloclinic <basavanagudi@apolloclinic.com>

1 attachments (24 KB)

Copy of 15032023 Booking.xlsx

Namaste Team,

Greetings from Apollo clinics,

Please find the attached appointment status,

Thanks & Regards,

Shalini.M | Apollo Clinics | Pan India Toll No: 1860 500 7788 | Contact E-Mail: corporate@apolloclinic.com | www.apolloclinic.com |

From: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

Sent: Thursday, March 16, 2023 12:57 PM

To: Corporate Apollo Clinic <corporate@apolloclinic.com>

Cc: deepak <deepak.c@apolloclinic.com>; Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>

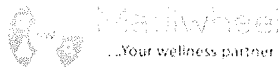
Subject: Re: Booking Appointment no. of 53

Dear Team

Please note the following booking and confirm the same.

Thanks & Regards

Lav Gupta



Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030
M. 8800465156 Email : wellness@mediwheel.in; | Web: www.mediwheel.in

From: Wellness : Mediwheel : New Delhi

Sent: Thursday, March 16, 2023 11:40 AM

To: Corporate Apollo Clinic <corporate@apolloclinic.com>

Cc: deepak <deepak.c@apolloclinic.com>; Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>

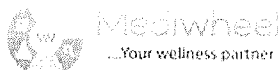
Subject: Booking Appointment no. of 53

Dear Team

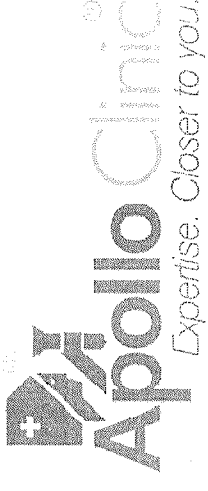
Please note the following booking and confirm the same.

Thanks & Regards

Lav Gupta



Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030
M. 8800465156 Email : wellness@mediwheel.in; | Web: www.mediwheel.in



Bill Of Supply



Name : Mrs. VEERALAKSHMI
Age/Gender : 29 Y F
Contact No : +917598074070
Address : blore
UHID : CBAS.0000086617

Bill No : CBAS-OCS-35599
Bill/Reg Date : 22.03.2023 09:02
Referred by : SELF
Center : Basavangudi
Emp No/Auth Code :

#	Department	Service	Description Of	SAC Code	Qty	Rate	Gross Value	Discount	CGST Rate	CGST Amt	SGST/UTGST Rate	SGST/UTGST Amt	Net Value
1	Package Charges	PANEL - LEVEL 51813	ALP VITAMIN		1	2,699.00	2,699.00	0.00	0.00	0.00	0.00	0.00	2,699.00

Payments	Receipt No	Mode	Amount
Settlement			
22-03-2023	CBASRCA39535	PhonePe	2,699.00

Bill Amount: 2,699.00
Total Discount: 0.00
Patient Payment: 2,699.00
Patient Due: 0.00

Received with thanks: Two Thousand Six Hundred Ninety Nine Rupees only

Authorized Signature : (Sarah Sultana)

You can download your report from "www.apolloclinic.com" Enter user name as CBASOPV90577 and password as I70692
Please log on to AskApollo.com for booking Appointments

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Regd. Office: # 1, 617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad 500036, Telangana, India
www.apollohi.com | Email ID: enquiry@apollohi.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK
Telangana: Hyderabad | AS 400 Nagar | Koradpur | Malokunta | Nizampet | Manikonda | Uppal | Andhra Pradesh: Vizag
Telangana: Park | Sarafastika | Bellandur | Electronics City | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli |
Koramangala | Sarjapur Road | Mysore (W. Mohalla) | Tamil Nadu: Chennai | Anna Nagar | Kotturammet | T. Nagar | Velamkalam | Vellore
| Madhya Pradesh: Pune (Aundh) | Night Pradhikaran | Varanasi Nagar | Wardohri | Kharodh Uttar Pradesh: Ghaziabad (Indraprastha)

GSTIN: 29AADCA0733E1Z3
Address: 22, 23, 24, 25/101/3, Sree Rama Layout, BNR Complex, OPP. RBI Layout, JP Nagar, 7th Phase, Bengaluru, Karnataka
1860 500 7783



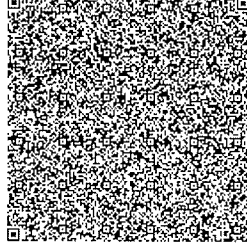
இந்திய அரசாங்கம்
Government of India

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு
Unique Identification Authority of India

பதிவேட்டு எண்/ Enrolment No.: 0658/70050/00763

To
வீரலட்சுமி
Veeralakshmi
D/O: Veeraperumal
5/353/1
7TH STREET
DEVAR COLONY
Thoothukudi
Thoothukkudi Tamil Nadu - 628002
7598074070

Signature Not Verified
Digitally signed by
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA 05
Date: 2022.03.07 11:02:28
UTC



உங்கள் ஆதார் எண் / Your Aadhaar No. :

3450 4068 1961
VID : 9146 2450 3191 9995

எனது ஆதார், எனது அடையாளம்



இந்திய அரசாங்கம்
Government of India



Issue Date: 01/03/2013



வீரலட்சுமி
Veeralakshmi
பிறந்த நாள்/DOB: 03/12/1993
பெண்/ FEMALE

3450 4068 1961
VID : 9146 2450 3191 9995

எனது ஆதார், எனது அடையாளம்



Government of India

தகவல்

- ஆதார் அடையாளத்திற்கான சான்று குடியரிமைக்கு அல்ல.
- பாதுகாப்பான QR குறியீடு, ஆன்லைன் XML / ஆன்லைன் அங்கீகாரத்தைப் பயன்படுத்தி அடையாளத்தை சரிபார்க்கவும்
- இது எலக்ட்ரானிக் செயல்முறை மூலம் தயாரிக்கப்பட்ட கடிதமாகும்.

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- ஆதார் நாடு முழுவதிலும் செல்லுபடியாகும்.
- பல்வேறு அரசு மற்றும் அரசு சாரா சேவைகளை எளிதில் பெற ஆதார் உதவுகிறது.
- உங்கள் மொபைல் எண் மற்றும் மின்னஞ்சல் ஐடியை ஆதாரில் புதுப்பிக்கவும்
- mAadhaar செயலியைப் பயன்படுத்தி உங்கள் ஸமார்ட் போனில் ஆதாரை எடுத்துச் செல்லுங்கள்

- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.



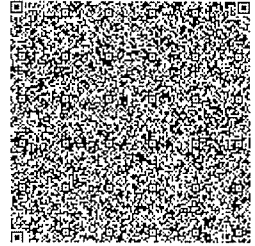
இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு
Unique Identification Authority of India



Download Date: 06/03/2022

முகவரி:
D/O: வீரபெருமாள், 5/353/1, 7வது தெரு,
தேவர் காலனி, தூத்துக்குடி, தூத்துக்குடி,
தமிழ் நாடு - 628002

Address:
D/O: Veeraperumal, 5/353/1, 7TH STREET,
DEVAR COLONY, Thoothukudi, Thoothukkudi,
Tamil Nadu - 628002



3450 4068 1961
VID : 9146 2450 3191 9995

1947 | help@uidai.gov.in | www.uidai.gov.in



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. V VEERALAKSHMI
EC NO.	125311
DESIGNATION	PLANNING
PLACE OF WORK	BENGALURU,ZO BENGALURU
BIRTHDATE	03-12-1993
PROPOSED DATE OF HEALTH CHECKUP	13-03-2023
BOOKING REFERENCE NO.	22M125311100048506E

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 **13-03-2023** till **31-03-2023** 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))