

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 spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	SHAIK ASMA RIFAT
DATE OF BIRTH	25-01-1996
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	23-09-2023
BOOKING REFERENCE NO.	23S108186100069934S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. MOHAMMED HABEEBULLAH SHAIK
EMPLOYEE EC NO.	108186
EMPLOYEE DESIGNATION	CREDIT
EMPLOYEE PLACE OF WORK	HYDERABAD,VIJAYANAGAR COLONY
EMPLOYEE BIRTHDATE	06-07-1986

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 **21-09-2023** 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's spouse 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**

<b>FOR MALE</b>	<b>FOR FEMALE</b>
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
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
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
<b>General Tests</b>	<b>General Tests</b>
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

**Fwd: Health Check up Booking Confirmed Request(bobS46740),Package Code-  
PKG1000241, Beneficiary Code-60077**

1 message

Shaik mohammed habeebullah <smohammed.habeeb@gmail.com>  
To: "kamenenihspl@gmail.com" <kamenenihspl@gmail.com>

Sat, Sep 23, 2023 at 9:30 AM

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

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

Date: Thu, 21 Sept 2023, 3:08 pm

Subject: Health Check up Booking Confirmed Request(bobS46740),Package Code-PKG1000241, Beneficiary Code-60077

To: <smohammed.habeeb@gmail.com>

Cc: <customercare@mediwheel.in>



**Mediwheel**  
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Dear Shaik Asma Rifet,

Please find the confirmation for following request.

**Booking Date** : 21-09-2023  
**Package Name** : Medi-Wheel Metro Full Body Health Checkup Female Below 40  
**Name of Diagnostic/Hospital** : Kameneni Hospital  
**Address of Diagnostic/Hospital** : 4-1-1227, Bogulkunta, King Koti, Hyderabad - 500001  
**Contact Details** : 9100065322  
**City** : Hyderabad  
**State** : Telangana  
**Pincode** : 500001  
**Appointment Date** : 23-09-2023  
**Confirmation Status** : Confirmed  
**Preferred Time** : 8:00am-9:00am  
**Comment** : APPOINTMENT TIME 8:30AM

**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 Incharge if you have a history of diabetes and cardiac

King Koti, Ph: 040 6692 4444, e-mail: info@kamenenihspl.com



LABORATORY INVESTIGATION REPORT

**Patient Name** : Mrs. SHAIK ASMA RIFAT .  
**UHID** : KHKK.275207  
**Episode** : OP  
**Ref. Doctor** : SELF  
:  
**Address** : HYD , HYD ,Hyderabad,Telangana ,500070

**Age/Sex** : 27 Year(s)/Female  
**Order Date** : 23/09/2023 09:33  
**Mobile No** : 7623886388  
**DOB** : 01/01/1996  
**Facility** : Kamineni KingKoti

**Biochemistry**

Test	Result	Unit	Reference Range
Sample No : 08H0015208D	Collection Date : 23/09/23 10:07	Ack Date : 23/09/2023 10:43	Report Date : 23/09/23 12:39

**Creatinine#**

Sample- Serum

Creatinine 0.7 mg/dL 0.5-1.2  
Modified Jaffe's Method

Report Saved By - PRASHANTH (23/09/2023 14:01 PM)

End of Report

Dr. Divya Panda  
MD PATHOLOGY



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Test	Result	Unit	Reference Range
Sample No : 08H0015208C	Collection Date : 23/09/23 10:07	Ack Date : 23/09/2023 10:43	Report Date : 23/09/23 14:01

**Glucose -Fasting + Post Prandial#**

Sample- Plasma

Glucose - Fasting	86	mg/dL	Normal - less than 100 mg/dL Impaired Glucose Tolerance 101 to 125mg/dL (Advised OGTT for further Confirmation) Diabetes Melitus 126 mg/dL
<i>GOD-POD</i> Glucose - Post Prandial	94	mg/dL	Normal-less than 140mg/dL Impaired Glucose &It;br>Tolerance 141 to 199 mg/dL&It;br>(Advised OGTT for further Confirmation)?br>Diabetes Melitus >200 mg/dl
<i>GOD-POD</i>			

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**Biochemistry**

Test	Result	Unit	Reference Range
Sample No : 08H0015208B	Collection Date : 23/09/23 10:07	Ack Date : 23/09/2023 10:43	Report Date : 23/09/23 12:39

**HbA1c - Glycosylated Hemoglobin#**

Sample- EDTA WB

HbA1c - Glycosylated Hemoglobin 5.0 %  
Non Diabetic-Less than 6.5 %  
Diabetic  
Good control-Less than 7.5 %  
Fair control-Less than 8.0%  
Poor control-Greater than 8.0%

NGSP, HPLC

Estimated Average Glucose 97 mg/dL

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**Liver Function Test (LFT)#**

Sample- Serum

Total Bilirubin	0.4	mg/dL	Adults: Up to 1.2 Premature: <24 Hours :<6.0 <48 hours :<12.0 3- 5 Days :<15.0 7 Days :<15.0 Full Term <24 Hours :<6.0 <48 Hours :<10.0 7 Days :<10.0
<i>Modified Jendrassik &amp; Grof's Method</i>			
Direct Bilirubin(Conjugated)	0.2	mg/dL	0 - 0.2
<i>Modified Jendrassik &amp; Grof's Method</i>			
Indirect Bilirubin (Unconjugated)	0.2	mg/dL	0 - 1.2
<i>Calculated</i>			
Aspartate Transaminase AST (SGOT)	21	IU/L	5 - 40
<i>MOD. IFCC-UV-KINETIC</i>			
ALT - Alanine Transaminase (ALT / SGPT)	20	IU/L	5 - 40
<i>MOD. IFCC-UV-KINETIC</i>			
Alkaline Phosphatase (ALP)	90	IU/L	<15 Years:<644 15-17 Years:<484 Adults:<54-369
<i>PNPP-DEA METHOD</i>			
Total Protein	7.4	g/dl	6.4 - 8.3
<i>Biuret</i>			
Albumin	4.7	g/dl	3.4 - 4.8
<i>BCG</i>			
Globulin	2.7	g/dl	2.5 - 3.5
<i>Calculated</i>			
A:G Ratio	1.7 ▲ (H)	-	1.2 - 1.5
<i>Calculated</i>			

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**Total Protein#**

Sample- Serum

Total Protein 7.4 g/dl 6.4 - 8.3  
Biuret

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**Blood Urea Nitrogen (BUN)#**

Sample- Serum

Urea Nitrogen (BUN) 10.7 mg/dL 4.2 - 20

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**Uric Acid#**

Sample- Serum

Uric Acid 3.4 mg/dL 2.4-5.7  
Uricase POD

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**Biochemistry**

Test	Result	Unit	Reference Range
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**Lipid Profile#**

Sample-	Serum	Result	Unit	Reference Range
Cholesterol , Serum <i>CHOD-POD</i>		180	mg/dL	60 - 200
HDL Cholesterol , Serum <i>Direct Enzymatic</i>		<b>30 ▼ (L)</b>	mg/dL	40 - 60
LDL Cholesterol , Serum <i>Calculation</i>		<b>129 ▲ (H)</b>	mg/dL	20 - 100
VLDL Cholesterol , Serum <i>Calculation</i>		21	mg/dL	5 - 30
Triglycerides , Serum <i>GPO POD method with ESPAS</i>		105	mg/dL	60 - 150
Chol/HDL Ratio , Serum <i>Calculated</i>		6.0	-	

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Test	Result	Unit	Reference Range
Sample No : 08H0015208D	Collection Date : 23/09/23 10:07	Ack Date : 23/09/2023 10:43	Report Date : 23/09/23 12:39

**Thyroid Function Test (TFT)#**

Sample- Serum

Total T3 - Tri Iodothyronine CLIA	1.18	ng/mL	0.53-3.59
Total T4 - Total Thyroxine CLIA	20.30	µg/24hrs	6.09-12.23 Ug/dl
TSH - Thyroid Stimulating Hormone	2.20	µIU/mL	Adults-0.34 - 5.60 mIU/mL New born (0- 3days)-0.30 - 3.18 mIU/mL children (4-30 days)-0.432 - 16.10 mIU/mL Children (7-11 Years)-0.66 - 4.14 mIU/mL Adolescents (12 - 19 Years)-0.53 - 3.59 mIU/mL

CLIA

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**Hematology**

Test	Result	Unit	Reference Range
Sample No : 08H0015208A	Collection Date : 23/09/23 10:07	Ack Date : 23/09/2023 11:00	Report Date : 23/09/23 12:20

**Blood Grouping and Rh Typing#**

Sample- EDTA

Blood Grouping 'O'  
Rh Typing POSITIVE

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### Hematology

Test	Result	Unit	Reference Range
Sample No : 08H0015208A	Collection Date : 23/09/23 10:07	Ack Date : 23/09/2023 11:00	Report Date : 23/09/23 12:21

#### CBP (Complete Blood Picture)#

Sample- EDTA

Hemoglobin <i>Colorimetric</i>	12.3	gm/dL	12.0-16.0
Packed Cell Volume (PCV) <i>Electrical Impedence</i>	37.0	Vol%	37 - 54
RBC Count <i>Electrical Impedence</i>	4.76	Million/cumm	3.5 - 5.5
RDW <i>Calculation</i>	15.2	%	12-17
WBC Count <i>Electrical Impedence</i>	6000	cells/cumm	4000 - 11000
Neutrophils	59	%	40-80
Lymphocytes	32	%	20-40
Monocytes	06	%	
Eosinophils	03	%	1-6
Basophils	00	%	0-2
Platelet Count	269000	/Cumm	150000 - 450000

#### RBC MORPHOLOGY

Normocytic Normochromic

#### WBC MORPHOLOGY

Within Normal Limits.

#### PLATELETS MORPHOLOGY

Adequate

*These results are generated by hematology analyzer and the differential count is computed from a total of several thousand of cells. Therefore the differential count appears in decimalised numbers and may not add upto exactly 100. It may fall between 99 and 101*

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End of Report

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**Hematology**

Test	Result	Unit	Reference Range
Sample No : 08H0015208A	Collection Date : 23/09/23 10:07	Ack Date : 23/09/2023 11:00	Report Date : 23/09/23 12:31

**Erythrocyte Sedimentation Rate (ESR)#**

Sample- sodium citrated

Erythrocyte Sedimentation Rate (ESR) **32 ▲ (H)** mm/hr 0-12

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End of Report

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**Clinical Pathology**

Test	Result	Unit	Reference Range
Sample No : 08H0015208E	Collection Date : 23/09/23 10:07	Ack Date : 23/09/2023 10:31	Report Date : 23/09/23 11:55

**Complete Urine Examination (CUE)#**

Sample- Urine

**Physical Examination**

Colour <i>Visual</i>	Pale Yellow		
Appearance <i>Visual</i>	Clear		
Specific Gravity	1.025	-	1.001-1.035
pH <i>Reagent Strip</i>	6.0		

**Chemical Examination**

Protein	NEGATIVE		
Urine Sugar	NIL		Nil
Urine For Ketones	NEGATIVE		
Bilirubin <i>Modified Jendrassik &amp; Graf's Method</i>	NEGATIVE	mg/dL	0.1-1.0
Urobilinogen	0.2	mg/dL	0.2 - 1
Leucocytes	NEGATIVE		0-5
Nitrite	NEGATIVE		
Bile Salts	Absent		
Bile Pigments	Negative		
Blood	NEGATIVE		

**Microscopic Examination**

Pus Cells <i>Light Microscopy</i>	1-2	/HPF	0-5
RBC	NIL	/HPF	
Epithelial Cells	1-2	/HPF	0-5
Casts	Nil/HPF		
Crystal	Nil/HPF		

Report Saved By - LAVANYA (23/09/2023 11:48 AM)



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Dr.Divya Panda  
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