

Patient Name : Mr.M C VENKATESH	Collected : 26/Aug/2023 09:59AM
Age/Gender : 54 Y 8 M 6 D/M	Received : 26/Aug/2023 12:06PM
UHID/MR No : CJPN.0000025338	Reported : 26/Aug/2023 04:42PM
Visit ID : CJPNOPV175221	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 157700	

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	11	g/dL	13-17	Spectrophotometer
PCV	33.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.76	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	69.5	fL	83-101	Calculated
MCH	23.1	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	16.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,350	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	48.4	%	40-80	Electrical Impedence
LYMPHOCYTES	39.6	%	20-40	Electrical Impedence
EOSINOPHILS	2.6	%	1-6	Electrical Impedence
MONOCYTES	9.2	%	2-10	Electrical Impedence
BASOPHILS	0.2	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3073.4	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2514.6	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	165.1	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	584.2	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	12.7	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	415000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	35	mm at the end of 1 hour	0-15	Modified Westgren method
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PERIPHERAL SMEAR

RBCs: Show mild anisocytosis with microcytic hypochromic RBCs.  
WBCs: are normal in total number with normal distribution and morphology.  
PLATELETS: appear adequate in number.  
HEMOPARASITES: negative  
**IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA**  
**Note: Kindly evaluate for iron deficiency status.**

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**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



SIN No:BED230204164

Patient Name : Mr.M C VENKATESH	Collected : 26/Aug/2023 09:59AM
Age/Gender : 54 Y 8 M 6 D/M	Received : 26/Aug/2023 12:06PM
UHID/MR No : CJPN.0000025338	Reported : 26/Aug/2023 03:53PM
Visit ID : CJPNOPV175221	Status : Final Report
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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:BED230204164

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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	106	mg/dL	70-100	HEXOKINASE
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**Comment:**

As per American Diabetes Guidelines

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	113	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

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	6.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) ,	131	mg/dL		Calculated

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WHOLE BLOOD EDTA

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
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.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- 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.
- In cases of Interference of Hemoglobin variants in HbA1C alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	174	mg/dL	<200	CHO-POD
TRIGLYCERIDES	105	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>39</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>136</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>114.5</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.47		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when

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Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



SIN No:SE04463486

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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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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.58	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	55.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.12	g/dL	6.6-8.3	Biuret
ALBUMIN	4.06	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.06	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		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	0.94	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	<b>13.50</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>6.3</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.16	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.32	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)



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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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	29.00	U/L	<55	IFCC



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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)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.20	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.858	µIU/mL	0.34-5.60	CLIA

**Comment:**

**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

TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.

TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.

Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis

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DEPARTMENT OF IMMUNOLOGY

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High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



SIN No:SPL23121797

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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
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.400	ng/mL	0-4	CLIA



SIN No:SPL23121797

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**DEPARTMENT OF CLINICAL PATHOLOGY**

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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	1.025		1.002-1.030	Bromothymol Blue

**BIOCHEMICAL EXAMINATION**

URINE PROTEIN	POSITIVE +		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	3-4	/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

Result Rechecked

**Comment:**

- Biochemical Examination of urine sample was performed by reflectance photometry and confirmed by alternative methods.
- The samples are assessed for integrity and adequacy before processing.

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Test Name	Result	Unit	Bio. Ref. Range	Method
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SIN No:UR2173176

Patient Name : Mr.M C VENKATESH	Collected : 26/Aug/2023 09:59AM
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UHID/MR No : CJPN.0000025338	Reported : 26/Aug/2023 03:07PM
Visit ID : CJPNOPV175221	Status : Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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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 \*\*\***

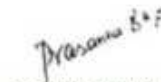
Result/s to Follow:  
PERIPHERAL SMEAR

  
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

  
Dr. Shobha Emmanuel  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist

  
Dr PRASANNA B. K. P  
Md. Path. Pathologist





Mr. m c venkatesh  
ID: cjpn 25338

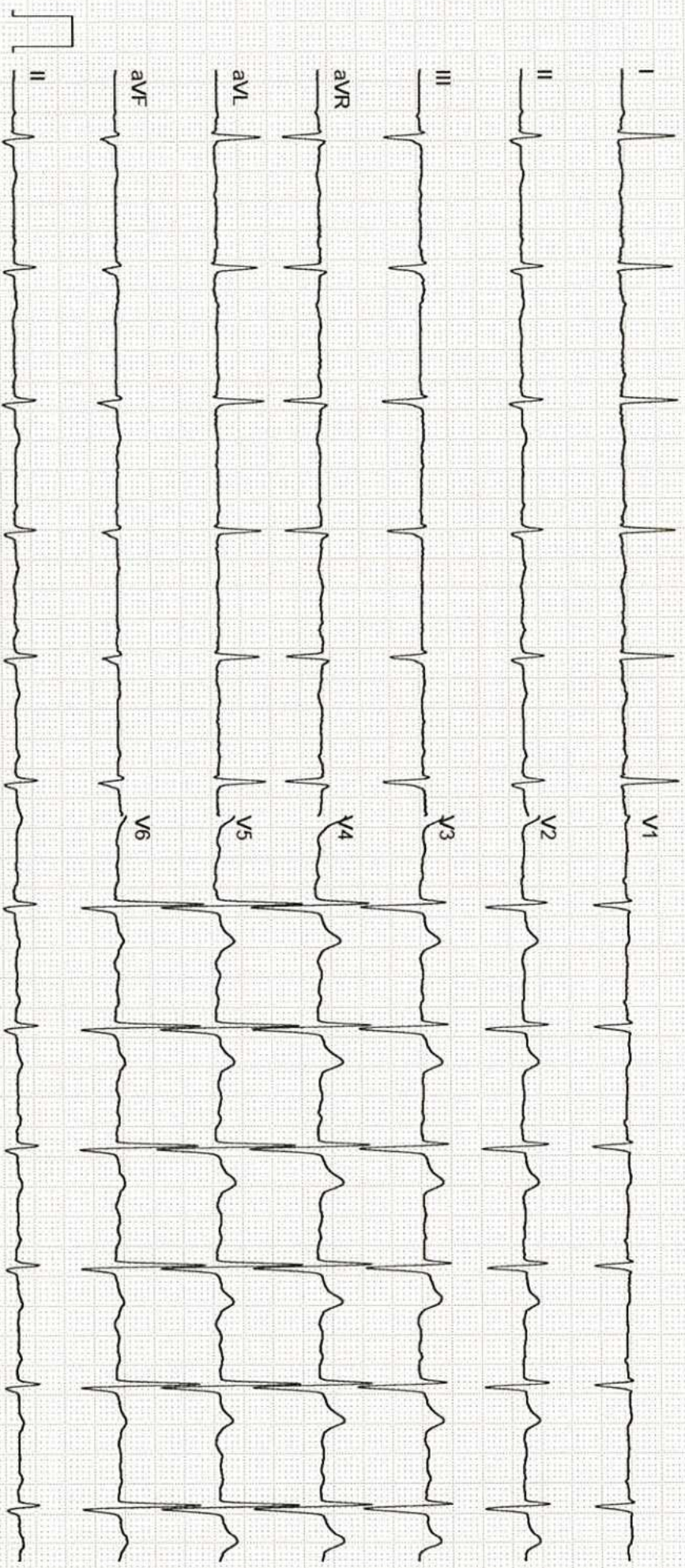
26.08.2023 14:00:27  
Apollo Clinic  
J.P. Nagar  
Bangalore

72 bpm  
169 / 119 mmHg

54 Years 166 cm Male Unknown  
166 cm 79.7 kg

Normal sinus rhythm  
Normal ECG

QRS	90 ms
QT / QTcBaz	378 / 413 ms
PR	178 ms
P	84 ms
RR / PP	834 / 833 ms
P / QRS / T	28 / -12 / 38 degrees



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 2x5x6\_25\_R1

Unconfirmed

NAME: MR. M C VENKATESH      AGE: 54YRS/ M      DATE: 26/08//2023      CJP.N.25338

### 2D ECHO WITH COLOR DOPPLER

Ao Diam : 3.2cm , LA Diam : 2.6cm,  
IVSd :1.15cm , IVSs:1.28 cm, LVIDd : 5.60cm , LVIDs :3.97cm LVPWd :1.15cm ,  
LVPWS : 1.15cm , EF -55% , FS - 29% , RVIDd -1.06cm

### 2DVALVES

MITRAL VALVE -----: NORMAL  
TRICUSPID VALVE-----: NORMAL  
AORTIC VALVE-----: NORMAL  
PULMONARY VALVE-----: NORMAL

### CHAMBERS

LEFT ATRIUM-----: NORMAL.  
RIGHT ATRIUM-----: NORMAL  
LEFT VENTRICULAR-----: NORMAL  
RIGHT VENTRICULAR---:NORMAL

### DOPPLER

MV E Vel---- : 0.6m/s , MV A Vel : 0.4m/s  
TRICUSPID VALVE : NORMAL  
PERICARDIUM-----: NORMAL  
CLOT/VEGETATION----- : NIL

### IMPRESSION

NORMAL VALVES AND CHAMBERS  
NORMAL LV SYSTOLIC FUNCTION  
NO CLOT /VEGETATION/EFFUSION/PAH  
NO REGIONAL WALL MOTION ABNORMALITIES

**DR. SHILPA JAYAPRAKASH, MD,DM**  
**CONSULTANT CARDIOLOGIST**

<b>Patient Name</b>	: Mr. M C Venkatesh	<b>Age/Gender</b>	: 54 Y/M
<b>UHID/MR No.</b>	: CJPN.0000025338	<b>OP Visit No</b>	: CJPNOPV175221
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 26-08-2023 19:10
<b>LRN#</b>	: RAD2083081	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 157700		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**LIVER** : Normal in size (12.8cm)and echotexture. No focal lesion seen.

No intra hepatic biliary / venous radicular dilation.

CBD and Main Portal vein appear normal.

**GALL BLADDER** : Partially distended. Normal in internal contents. Wall Thickness is normal.

**SPLEEN** : Normal in size (7.9cm)and echotexture. No focal lesion was seen.

**PANCREAS** : Not visualized due to excess bowel gas.

**KIDNEYS** : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is maintained. No Hydronephrosis / No calculi.

Right kidney measures: 9.0 x 4.8cm.

Left kidney measures : 9.0 x 4.5cm.

**URINARY BLADDER** : Partially distended. Normal in internal contents. Wall thickness is normal.

**PROSTATE**: Normal in size and echotexture. Echogenic calcific foci is noted with in parenchyma.

Prostate measures : 3.2 x 3.3 x 3.3cms. Volume- 18cc.

No free fluid is seen in the peritoneum. No lymphadenopathy.

**IMPRESSION : NORMAL STUDY .**

(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.

**Patient Name** : Mr. M C Venkatesh

**Age/Gender** : 54 Y/M

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**Dr. JYOTI PRIYADARSHINI**  
MBBS, MD

**Patient Name** : Mr. M C Venkatesh

**Age/Gender** : 54 Y/M

**UHID/MR No.** : CJPN.0000025338

**OP Visit No** : CJPNOPV175221

**Sample Collected on** :

**Reported on** : 26-08-2023 12:25

**LRN#** : RAD2083081

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 157700

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

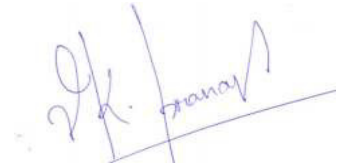
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen.



**Dr. V K PRNAV VENKATESH**  
**MBBS,MD**  
Radiology

**Re: Your Apollo order has been confirmed**

Bharath V <bharath98artist@gmail.com>  
To: mayurstationary76@gmail.com

Fri, Aug 25, 2023 at 9:25 PM



Dear MC Venkatesh .,

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **JPNAGAR clinic** on **2023-08-26 at 08:15-08:20**.

Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324]

"In view of corona virus precautionary measures, you are requested to take a mandatory check for symptoms & self-declaration at centre. Please cooperate. Thank you."

**NOTE: We are not providing the breakfast in view of corona virus. And that customers on their own should carry their breakfast.**

**Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.**

**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

**For Women:**

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

**As per agreement terms please carry all relevant documents such as Confirmation mail, valid id proof, company ID card etc.**

**For further assistance please call us on our Help Line #: 1860 500 7788.**

**Clinic Address: NO:22,BNR COMPLEX,SRI RAMA LAYOUT,OPP:RBI LAYOUT,JPNAGAR 7TH PHASE,ABOVE SBI,BANGALORE.**

**Contact No: (080) 41289521,.**

**P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.**

**Note: Speak Freely. Speak Free! Speak to our Doctor from 8:00 PM to 8:00 AM by calling 1860 500 7788 and press #2 on the IVR. Now get all your Health related queries answered by an expert! Service by Apollo Clinic.**

Warm Regards,  
Apollo Team

**Fwd: Health Check up Booking Confirmed Request(bobS44208),Package Code-PKG10000305, Beneficiary Code-67196**

Bharath V <bharath98artist@gmail.com>  
To: "mayurstationary76@gmail.com" <mayurstationary76@gmail.com>

Fri, Aug 25, 2023 at 9:24 PM

From: **Mediwheel** <wellness@mediwheel.in>  
Date: Tue, 22 Aug 2023, 7:00 pm  
Subject: Health Check up Booking Confirmed Request(bobS44208),Package Code-PKG10000305, Beneficiary Code-67196  
To: <Nagarathna.s1170@gmail.com>  
Cc: <customercare@mediwheel.in>



**Mediwheel**  
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Dear MC Venkatesh ,

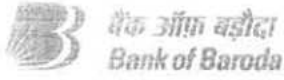
Please find the confirmation for following request.

**Booking Date** : 14-08-2023  
**Package Name** : Arcofemi MediWheel Full Body Annual Plus Male Above 50 2D ECHO (Metro)  
**Name of Diagnostic/Hospital** : Apollo Clinic  
**Address of Diagnostic/Hospital** : House List No. 22, BNR Complex, Sree Rama Layout, Opp: RBI Layout, JP Nagar 7th Phase, Kothanur Village, Uttarahalli Hobli, JP nagar - 560078  
**Contact Details** : (080) 41289521 / 6309937245  
**City** : Bangalore  
**State** : Karnataka  
**Pincode** : 560078  
**Appointment Date** : 26-08-2023  
**Confirmation Status** : Confirmed  
**Preferred Time** : 09:30:AM  
**Comment** : APPOINTMENT TIME 9:00AM

**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





नागार्त्ना एस  
Nagarathna S

E.C. No 157700

जारीकर्ता प्राधिकारी  
Issuing Authority



S. Nagarathna

धारक के हस्ताक्षर  
Signature of Holder

मिलने-पर, निम्नलिखित को लौटाएं  
सहायक महाप्रबंधक (सुरक्षा)  
बैंक ऑफ बड़ौदा, बड़ौदा कॉर्पोरेट सेंटर  
सी-26, गी-ब्लॉक, बान्द्रा कुर्ला कॉम्प्लेक्स, मुंबई - 400 051, भारत  
फोन : 91 2266985196 फैक्स : 91 22 2652 5747

If found, please return to:  
Dy. General Manager (Security)  
Bank of Baroda, Baroda Corporate Centre  
C-26, G-Block, Bandra-Kurla Complex  
Mumbai 400 051, India  
Phone: 91 22 6698 5196, Fax: 91 22 2652 5747

Blood Group : O+ve  
Identification Marks : Black Spot on Face

Employee

ఆధార్ కార్డు



యట్ల సి వెంకటేశ్  
M C Venkatesh

జన్మనామ సంవత్సరం / Year of Birth : 1971  
లింగము / Male

7389 2273 8462



ఆధార్ - సహాయకర్త హక్కు

Employee Spouse