


Patient Name : Mrs.SRAVANTHI NARABOINA	Collected : 23/Mar/2024 10:23AM
Age/Gender : 38 Y 6 M 0 D/F	Received : 23/Mar/2024 02:36PM
UHID/MR No : CASR.0000186758	Reported : 23/Mar/2024 03:28PM
Visit ID : CASROPV222848	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS16093	

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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.1	g/dL	12-15	Spectrophotometer
PCV	35.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.14	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	86.8	fL	83-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	52.3	%	40-80	Electrical Impedance
LYMPHOCYTES	35.4	%	20-40	Electrical Impedance
EOSINOPHILS	4.6	%	1-6	Electrical Impedance
MONOCYTES	6.7	%	2-10	Electrical Impedance
BASOPHILS	1	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4288.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2902.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	377.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	549.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	82	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.48		0.78- 3.53	Calculated
PLATELET COUNT	455000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS : MILD THROMBOCYTOSIS				



Dr. R. SHALINI
M.B.B.S., M.D (Pathology)
Consultant Pathologist

SIN No: BED240080092

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

Page 1 of 16
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

NO HEMOPARASITES SEEN

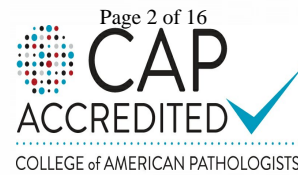
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD THROMBOCYTOSIS



Dr. R. SHALINI
M.B.B.S., M.D (Pathology)
Consultant Pathologist

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate technology
Rh TYPE	Positive			Microplate technology


Dr. B Pavani
 M.B.B.S, M.D(pathalogy)
 Consultant Pathologist



SIN No:BED240080092

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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



APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)

Patient Name : Mrs.SRAVANTHI NARABOINA	Collected : 23/Mar/2024 12:41PM
Age/Gender : 38 Y 6 M 0 D/F	Received : 23/Mar/2024 02:51PM
UHID/MR No : CASR.0000186758	Reported : 23/Mar/2024 04:29PM
Visit ID : CASROPV222848	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
GLUCOSE, FASTING , NAF PLASMA	82	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	103	mg/dL	70-140	HEXOKINASE

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.

K. Anusha

Dr.K.Anusha
M.B.B.S.,M.D(Biochemistry)
Consultant Biochemist

SIN No:PLP1436165

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Patient Name : Mrs.SRAVANTHI NARABOINA	Collected : 23/Mar/2024 10:23AM
Age/Gender : 38 Y 6 M 0 D/F	Received : 23/Mar/2024 02:43PM
UHID/MR No : CASR.0000186758	Reported : 23/Mar/2024 05:56PM
Visit ID : CASROPV222848	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				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	mg/dL		Calculated

Comment:

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

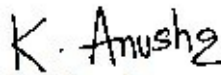
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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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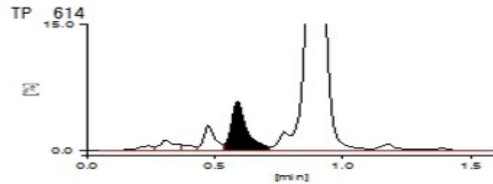
Chromatogram Report

HLC72368 V5.28 1 2024-03-23 15:52:06
 ID EDT240036789
 Sample No. 03230186 SL 0010 - 09
 Patient ID
 Name
 Comment

CALIB			
Name	%	Time	Area
A1A	0.5	0.24	7.48
A1B	0.9	0.31	15.10
F	0.4	0.37	6.76
LA1C+	1.7	0.47	28.33
SA1C	5.9	0.59	76.06
AO	92.3	0.89	1523.74
H-V0			
H-V1			
H-V2			

Total Area 1657.47

HbA1c 5.9 % **IFCC 41 mmol/mol**
 HbA1 7.3 % HbF 0.4 %



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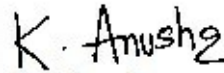


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Page 7 of 16
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	179	mg/dL	<200	CHO-POD
TRIGLYCERIDES	143	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	131	mg/dL	<130	Calculated
LDL CHOLESTEROL	102.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.73		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.11		<0.11	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 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.

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- 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 Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

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Page 9 of 16
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.41	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.33	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	60.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.53	g/dL	6.6-8.3	Biuret
ALBUMIN	4.45	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.08	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

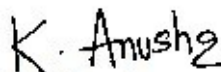
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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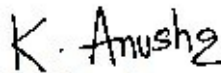
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.59	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	14.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.51	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.58	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.57	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.53	g/dL	6.6-8.3	Biuret
ALBUMIN	4.45	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.08	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	20.00	U/L	<38	IFCC

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SIN No:SE04673227

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Visit ID : CASROPV222848	Status : Final Report
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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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.75	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.13	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.184	µIU/mL	0.38-5.33	CLIA

Comment:

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
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

K. Anusha
 Dr.K.Anusha
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist



SIN No:SPL24053788

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

Patient Name : Mrs.SRAVANTHI NARABOINA
Age/Gender : 38 Y 6 M 0 D/F
UHID/MR No : CASR.0000186758
Visit ID : CASROPV222848
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : bobS16093

Collected : 23/Mar/2024 10:23AM
Received : 23/Mar/2024 02:52PM
Reported : 23/Mar/2024 04:27PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

K. Anusha

Dr.K.Anusha
M.B.B.S.,M.D(Biochemistry)
Consultant Biochemist

SIN No:SPL24053788

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

Page 14 of 16
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



Patient Name : Mrs.SRAVANTHI NARABOINA	Collected : 23/Mar/2024 10:23AM
Age/Gender : 38 Y 6 M 0 D/F	Received : 23/Mar/2024 03:51PM
UHID/MR No : CASR.0000186758	Reported : 23/Mar/2024 06:19PM
Visit ID : CASROPV222848	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS16093	

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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		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		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT 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



Dr. R. SHALINI
M.B.B.S., M.D (Pathology)
Consultant Pathologist

SIN No: UR2314430

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



Patient Name : Mrs.SRAVANTHI NARABOINA	Collected : 23/Mar/2024 10:23AM
Age/Gender : 38 Y 6 M 0 D/F	Received : 23/Mar/2024 03:57PM
UHID/MR No : CASR.0000186758	Reported : 23/Mar/2024 07:17PM
Visit ID : CASROPV222848	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS16093	

DEPARTMENT OF CLINICAL PATHOLOGY

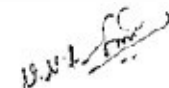
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr.SRINIVAS N.S.NORI
M.B.B.S,M.D(Pathology)
CONSULTANT PATHOLOGY

SIN No:UF011371

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

Page 16 of 16
CAP
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POWER PRESCRIPTION

NAME: *Srabathu*

GENDER: M/F

DATE: *23/05/24*

AGE: *38*

UHID:

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-	-	-	<i>6/6</i>
NEAR	-	-	-	<i>rb</i>

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-	-	-	<i>6/6</i>
NEAR	-	-	-	<i>rb</i>

COLOUR VISION : _____

DIAGNOSIS : *normal*

OTHER FINDINGS :

INSTRUCTIONS :

[Signature]
SIGNATURE

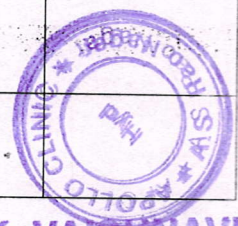
CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of

Mrs. Sravathi N on 23/03/24

After reviewing the medical history and on clinical examination it has been found that he/ she is`

<ul style="list-style-type: none"> • Medically Fit 	<p align="center"><u>Tick</u></p> <p align="center">✓</p>
<ul style="list-style-type: none"> • Fit with Restrictions/ Recommendations <p>Though following restrictions have been revealed in my opinion, these are not impediments to the job.</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>However the candidate should follow the advice medication that has been communicated to him/her.</p> <p>Review after</p>	
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after impediments to the job.....recommended.</p>	
<ul style="list-style-type: none"> • Unfit 	



Dr. K. VAISHNAVI
MBBS

Regd. No TSMC/12106

Vaishnavi
Dr. Vaishnavi

Reg No :12106

Consultant physician
Apollo Clinic
A S Rao Nagar

Patient Name	: Mrs. SRAVANTHI NARABOINA	Age	: 38 Y/F
UHID	: CASR.0000186758	OP Visit No	: CASROPV222848
Reported By:	: Dr. MRINAL .	Conducted Date	: 25-03-2024 17:36
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 69 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 seen.

Impression:

NORMAL RESTING ECG.

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

Dr. MRINAL .

Patient Name : Mrs. SRAVANTHI NARABOINA

Age/Gender : 38 Y/F

UHID/MR No. : CASR.0000186758

OP Visit No : CASROPV222848

Sample Collected on :

Reported on : 24-03-2024 14:42

LRN# : RAD2278718

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobS16093

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

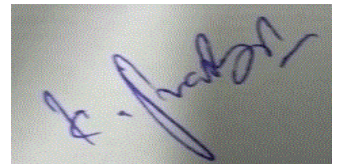
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. PRAVEEN BABU KAJA
Radiology

Patient Name	: Mrs. SRAVANTHI NARABOINA	Age/Gender	: 38 Y/F
UHID/MR No.	: CASR.0000186758	OP Visit No	: CASROPV222848
Sample Collected on	:	Reported on	: 24-03-2024 10:24
LRN#	: RAD2278718	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS16093		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. No focal lesion is seen. PV and CBD 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 echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney : 100x42mm

Left kidney : 110x44mm

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality.

Uterus 65x33x49mm Mildly bulky in size and shows normal echotexture.

ET: Not well delineated

Right ovary : 41x31mm Enlarged in size and shows small anechoic retention cyst measuring **27x32mm**

Left ovary : 23x20mm normal in size, shape and echotexture.

Cervix bulky

IMPRESSION:-Mildly Bulky Uterus


Small Retention Cyst In The Right Ovary.

Cervicitis Changes

Suggested clinical correlation and further evaluation if necessary .

Patient Name : Mrs. SRAVANTHI NARABOINA

Age/Gender : 38 Y/F



Dr. PRAVEEN BABU KAJA
Radiology

Apollo Clinic
PHYSICAL EXAMINATION FORM



Date 23/3/24 UHID _____
Name Srinivasthi Age 38

Height 152 Cms
Weight 71 Kgs
Chest Measurement (in)cm (out)cm
Waist cm HIP
Pulse 84 Bt/Min BMI kgs/cm²
BP 128/80 mm/Hg SPO2 97 %

ORAL EXAMINATION FORM



Date: 23/3/2024

Patient ID: _____ MHC

Patient Name: Ms. Sravanthi Age: 38 Sex: Male Female

Chief Complaint: General Checkup

Medical History: NAD

Drug Allergy: -

Medication currently taken by the Guest: -

Initial Screenign Findings: -

Dental Caries: -

Missing Teeth: -

Impacted Teeth: -

Attrition / Abrasion: -

Bleeding: +ve

Pockets / Recession: -

Calculus / Stains: ++
++

Mobility: -

Restored Teeth: -

Non - restorable Teeth for extraction /
Root Stumps: -

Malocclusion: -

Others: Slu4

Advice:- ① Advised oral prophylaxis & follow up

Doctor Name & Signature: Dr. Manjula

CONSENT FORM

MR//MRS/MISS

Sowanthi

I AM NOT INTERESTED TO GIVE THE
(pap smear)

SAMPLEIN THE GIVEN HEALTH CHECK PACKAGE

UHID: 186758

CORPORTE NAME: Ascofemi medicheel

SIGNATURE: N. Sunti

DATE 23/03/24

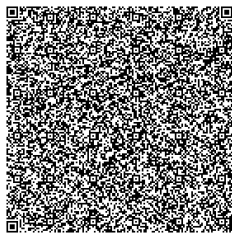


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Government of India

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Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 0000/00542/07098

To
యల్లగడ్డ ప్రవంతి
Yarlagadda Sravanthi
C/O Ravi Teja Yellina
Plot - 329, 330, Flat - 202, Ushodaya Nilayam
Mithila Nagar, Pragathi Nagar
Venkateswara Swamy Temple
Gajula Ramaram
Bachpalle
Medchal-malkajgiri Telangana - 500090
9010634412



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

7199 8595 3707

VID : 9129 7126 1206 2234

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం
Government of India



యల్లగడ్డ ప్రవంతి
Yarlagadda Sravanthi
పుట్టిన తేదీ/DOB: 09/05/1994
(తల్లి) FEMALE

7199 8595 3707

VID : 9129 7126 1206 2234

నా ఆధార్, నా గుర్తింపు



Government of India



సమాచారము / INFORMATION

- ఆధార్ అనేది గుర్తింపు రుజువు, పౌరసత్వానికి కాదు.
- ఆధార్ ప్రత్యేకమైనది మరియు సురక్షితమైనది.
- సురక్షిత QR కోడ్/ఆఫ్లైన్ XML/ఆన్లైన్ ప్రమాణీకరణను ఉపయోగించి గుర్తింపును ధృవీకరించండి.
- ఆధార్ లెటర్, PVC కార్డ్, ఇ ఆధార్, ఎం ఆధార్ వంటి అన్ని రకాల ఆధార్ లు సమానంగా చెల్లుబాటు అవుతాయి. 12 అంకెల ఆధార్ నంబర్ స్థానంలో వర్చువల్ ఆధార్ ఐడెంటిటీ (VID)ని కూడా ఉపయోగించవచ్చు.
- కనీసం 10 సంవత్సరాలకు ఒకసారి ఆధార్ ను అప్డేట్ చేయండి.
- వివిధ ప్రభుత్వ మరియు ప్రభుత్వేతర ప్రయోజనాలు/సేవలను పొందడంలో ఆధార్ మీకు సహాయపడుతుంది.
- మీ మొబైల్ నంబర్ మరియు ఈ-మెయిల్ ఐడీని ఆధార్ లో అప్డేట్ చేసుకోండి.
- ఆధార్ సేవలను పొందేందుకు స్మార్ట్ ఫోన్లలో ఎం ఆధార్ యాప్ ను డౌన్లోడ్ చేసుకోండి.
- భద్రతను నిర్ధారించడానికి లాక్/అన్లాక్ ఆధార్/బయోమెట్రిక్స్ ఫీచర్ని ఉపయోగించండి
- ఆధార్ ను అభ్యర్థించే సంస్థలు తగిన సమ్మతిని పొందవలసి ఉంటుంది.
- Aadhaar is a proof of identity, not of citizenship.
- Aadhaar is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number.
- Update Aadhaar at least once in 10 years.
- Aadhaar helps you avail various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app on smart phones to avail Aadhaar Services.
- Use the feature of lock/unlock Aadhaar/biometrics to ensure security.
- Entities seeking Aadhaar are obligated to seek due consent.

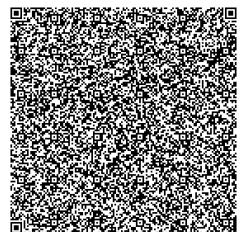


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Unique Identification Authority of India



వివరాలు:
C/O రవి తేజ వీలిన, ప్లాట్ - 329, 330, ఫ్లాట్ - 202, ఉషోదయ నిలయం, మిథిలా నగర్, ప్రగతి నగర్, వెంకటేశ్వర స్వామి దేవాలయం, గాజుల రామారం, బాచ్ పల్లి, మేడ్చల్-మల్కాజ్గిరి, తెలంగాణ - 500090

Address:
C/O Ravi Teja Yellina, Plot - 329, 330, Flat - 202, Ushodaya Nilayam, Mithila Nagar, Pragathi Nagar, Venkateswara Swamy Temple, Gajula Ramaram, Bachpalle, Medchal-malkajgiri, Telangana - 500090



7199 8595 3707

VID : 9129 7126 1206 2234

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

Asraonagar Apolloclinic

From: Corporate Apollo Clinic
Sent: 21 March 2024 14:48
To: Customer Care :Mediwheel : New Delhi
Cc: Wellness : Mediwheel : New Delhi; Network : Mediwheel : New Delhi; deepak; Rahul Rai; Pritam Padyal; Dilip Baniya; Indiranagar Apolloclinic; Apollo Clinic Uppal; Mysore Apolloclinic; Electronic City; Koramangala Apolloclinic; Asraonagar Apolloclinic; Velachery Apolloclinic; Valasaravakkam Clinic; cc.klc@apollospectra.com; phc Klc; Fo Klc; Aundh Apolloclinic; Cc Tardeo; Tnagar Apolloclinic; Kharadi Apollo Clinic; FO ITPL; ITPL CLINIC; Sougata Das; FO Swargate
Subject: RE: Health Check-up Bookings No. 44 (Annual)
Attachments: 17032024 Bookings.xlsx

Namaste Team,

Greetings from Apollo clinics,

Sorry for the Inconvenience

we are cancelling the 29th Mar”2024 Appointments at spectra pune as clinic as clinic is closed on 29th Mar”2024 on occasion of Good Friday.

Thanks & Regards,

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

From: Corporate Apollo Clinic
Sent: Sunday, March 17, 2024 5:28 PM
To: Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>
Cc: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>; Rahul Rai <rahul.rai@apolloclinic.com>; Pritam Padyal <pritam.padyal@apolloclinic.com>; Dilip Baniya <Dilip.b@apolloclinic.com>; Indiranagar Apolloclinic <indiranagar@apolloclinic.com>; Apollo Clinic Uppal <uppal@apolloclinic.com>; Mysore Apolloclinic <mysore@apolloclinic.com>; Electronic City <ecity@apolloclinic.com>; Koramangala Apolloclinic <koramangala@apolloclinic.com>; Asraonagar Apolloclinic <asraonagar@apolloclinic.com>; Velachery Apolloclinic <velachery@apolloclinic.com>; Valasaravakkam Clinic <valasaravakkam@apolloclinic.com>; cc.klc@apollospectra.com; phc Klc <phc.klc@apollospectra.com>; Fo Klc <fo.klc@apollospectra.com>; Aundh

Apolloclinic <aundh@apolloclinic.com>; Cc Tardeo <cc.tardeo@apollospectra.com>; Tnagar Apolloclinic <tnagar@apolloclinic.com>; Kharadi Apollo Clinic <kharadi@apolloclinic.com>; FO ITPL <fo.itpl@apolloclinic.com>; ITPL CLINIC <itpl@apolloclinic.com>; Sougata Das <sougata.das@apollohl.com>; FO Swargate <fo.swg@apollospectra.com>

Subject: RE: Health Check-up Bookings No. 44 (Annual)

Namaste Team,

Greetings from apollo clinics,

PFA. With status.

Thanks & Regards,

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

From: Customer Care :Mediwheel : New Delhi customercare@mediwheel.in

Sent: Sunday, March 17, 2024 3:36 PM

To: Corporate Apollo Clinic corporate@apolloclinic.com

Cc: Wellness : Mediwheel : New Delhi wellness@mediwheel.in; Network : Mediwheel : New Delhi network@mediwheel.in; deepak deepak.c@apolloclinic.com

Subject: Health Check-up Bookings No. 44 (Annual)

Dear Team,

Please find the attached Health Check-up Bookings file and confirm the same.

Thanks & Regards



Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030

Ph No. 011-41195959

Email : customercare@mediwheel.in; | Web: www.mediwheel.in