

Patient Name	: Mr.MARRIBOINA SAIKRISHNA	Collected	: 27/May/2023 09:34AM
Age/Gender	: 29 Y 1 M 20 D/M	Received	: 27/May/2023 10:15AM
UHID/MR No	: CMYS.0000056704	Reported	: 27/May/2023 12:14PM
Visit ID	: CMYSOPV113997	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 931847311736		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

-



SIN No:BED230123570

Patient Name : Mr.MARRIBOINA SAIKRISHNA	Collected : 27/May/2023 09:34AM
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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	14.6	g/dL	13-17	Spectrophotometer
PCV	43.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.92	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	89	fL	83-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	12.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,400	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	54.6	%	40-80	Electrical Impedence
LYMPHOCYTES	34	%	20-40	Electrical Impedence
EOSINOPHILS	4.6	%	1-6	Electrical Impedence
MONOCYTES	6.1	%	2-10	Electrical Impedence
BASOPHILS	0.7	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4586.4	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2856	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	386.4	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	512.4	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	58.8	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	279000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	04	mm at the end of 1 hour	0-15	Modified Westergren
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PERIPHERAL SMEAR

R.B.C: Majority are normocytic normochromic.
W.B.C: Are normal in number,morphology and distribution.
Platelets: Adequate and are seen in singles and clumps.
Hemoparasites: Not seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 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			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Patient Name : Mr.MARRIBOINA SAIKRISHNA	Collected : 27/May/2023 09:34AM
Age/Gender : 29 Y 1 M 20 D/M	Received : 27/May/2023 12:42PM
UHID/MR No : CMYS.0000056704	Reported : 27/May/2023 01:11PM
Visit ID : CMYSOPV113997	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 931847311736	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	103	mg/dL	70-100	GOD - POD
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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	114	mg/dL	70-140	GOD - POD
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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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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	108	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



SIN No:PLF01977181,PLP1333540,EDT230049863

Patient Name : Mr.MARRIBOINA SAIKRISHNA	Collected : 27/May/2023 09:34AM
Age/Gender : 29 Y 1 M 20 D/M	Received : 27/May/2023 01:59PM
UHID/MR No : CMYS.0000056704	Reported : 27/May/2023 02:36PM
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	197	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	200	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	34	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	163	mg/dL	<130	Calculated
LDL CHOLESTEROL	123	mg/dL	<100	Calculated
VLDL CHOLESTEROL	40	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.79		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

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.00	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	50	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	37.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	77.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.10	g/dL	6.3-8.2	Biuret
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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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	0.90	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	24.60	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	11.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.20	mg/dL	3.5-8.5	Uricase
CALCIUM	9.10	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.5-4.5	PMA Phenol
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	106	mmol/L	98 - 107	Direct ISE



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	38.00	U/L	15-73	Glycylglycine Nitoranalide



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UHID/MR No : CMYS.0000056704	Reported : 27/May/2023 11:36AM
Visit ID : CMYSOPV113997	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 931847311736	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)	1.09	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	6.07	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.450	µIU/mL	0.35-4.94	CMIA

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 : Mr.MARRIBOINA SAIKRISHNA	Collected : 27/May/2023 09:34AM
Age/Gender : 29 Y 1 M 20 D/M	Received : 27/May/2023 01:58PM
UHID/MR No : CMYS.0000056704	Reported : 27/May/2023 02:13PM
Visit ID : CMYSOPV113997	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 931847311736	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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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	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Dipstick

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	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2119040


Patient Name : Mr.MARRIBOINA SAIKRISHNA	Collected : 27/May/2023 09:34AM
Age/Gender : 29 Y 1 M 20 D/M	Received : 27/May/2023 01:58PM
UHID/MR No : CMYS.0000056704	Reported : 27/May/2023 02:12PM
Visit ID : CMYSOPV113997	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 931847311736	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 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 ***


Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UPP014723,UF008543

Patient Name : Mr. MARRIBOINA SAIKRISHNA

Age/Gender : 29 Y/M

UHID/MR No. : CMYS.0000056704

OP Visit No : CMYSOPV113997

Sample Collected on :

Reported on : 27-05-2023 16:27

LRN# : RAD2008213

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 931847311736

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

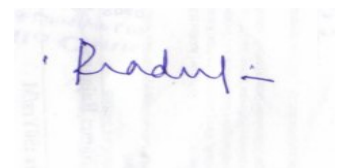
No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

IMPRESSION :NORMAL STUDY.



Dr. PRADEEP KUMAR C N
MBBS DNB(RADIOLOGY)
Radiology

Date : 27-05-2023
MR NO : CMYS.0000056704

Department : GENERAL
Doctor : ROHITH. H.K.

Name : Mr. MARRIBOINA SAIKRISHNA

Registration No :

Age/ Gender : 29 Y / Male

Qualification :

Consultation Timing: 09:30

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Pt came for Annual Health Check.

No fresh complaints

No h/o DM, HTN


27/5

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Follow up date :

Doctor Signature

Date : 27-05-2023

Department : GENERAL

MR NO : CMYS.0000056704

Doctor :

Name : Mr. MARRIBOINA SAIKRISHNA

Registration No :

Age/ Gender : 29 Y / Male

Qualification :

Consultation Timing: 09:30

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

o/e
c/s By Dr. Jyothishree

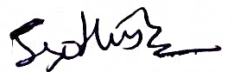
Gen. arthritis noted

65 / ongoing Re- RCT

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Follow up date :

Doctor Signature



Date : 27-05-2023
MR NO : CMYS.0000056704

Department : GENERAL
Doctor :

Name : Mr. MARRIBOINA SAIKRISHNA

Registration No :

Age/ Gender : 29 Y / Male

Qualification :

Consultation Timing: 09:30

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

	<u>Rt eye</u>	<u>Lt eye</u>
Distance	6/6	6/6
NCORVM	NG	NG
COLOUR VM	Abnormal	Abnormal

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41



Follow up date :

Doctor Signature

Informed Consent/Declaration For Test Exclusion

Patient Name: M. Anubhava Age: 29y

UHID Number: 56704

Please tick and sign the relevant part

I certify that I will skip ENT + XRAY ^{will come on 10/6/2023} Test from my own.

No refund is provided for the above excluded test and i have been informed about the same.

Patient signature [Signature] Date 28/05/2023

Witness signature: Sonathir Date: 27/05/23

Informed Consent/Declaration For Test Exclusion

Patient Name: Maree Boinasai Krishna Age: 29 Years

UHID Number: 56704

Please tick and sign the relevant part

I certify that I will skip USG + diet consultation will come on 10/06/23 Test from my own.

No refund is provided for the above excluded test and I have been informed about the same.

Patient signature [Signature] Date 22/06/2023

Witness signature: Nibhitha. R Date: 27/05/2023

Patient Name	: Mr. MARRIBOINA SAIKRISHNA	Age	: 29 Y M
UHID	: CMYS.0000056704	OP Visit No	: CMYSOPV113997
Reported on	: 27-05-2023 16:27	Printed on	: 27-05-2023 16:27
Adm Consult Doctor	:	Ref Doctor	: SELF

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.

IMPRESSION :NORMAL STUDY.



Printed on: 27-05-2023 16:27

---End of the Report---

Dr. PRADEEP KUMAR C N
MBBS DNB(RADIOLOGY)
Radiology

Apollo Health and Lifestyle Limited

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Ph: 044-26111111 Fax: 044-26111111 Email: apollo@apollohospitals.com www.apollohospitals.com

APOLLO HEALTH AND LIFESTYLE LIMITED
Bangalore | Hyderabad | Chennai | Ernakulam City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli |
Koramangala | Sarjapur Road | Mysore | V. Mohalla

Online appointments: www.apollohospitals.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Page 1 of 1

Patient's Name : Mr .Marribiona Saikrishna	Age & Sex:29 Yrs /Male
Date :27.05.2023	UHID No :56704

2D ECHOCARDIOGRAPHY STUDY

Impression:

- Normal chambers and valves
- No regional wall motion abnormality
- Normal left ventricular systolic function. EF 69%
- No clots. No pericardial effusion

Findings

Left Ventricle:	No RWMA
Right Ventricle	Normal
Left Atrium	Normal
Right Atrium	Normal
Aorta	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Valves	Normal
Pericardium	Normal
Doppler	Normal

Apollo Health and Lifestyle Limited

ICMR (08313072200)RPLC115619
 Regd. Office: 1-10-10/3/2, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
 Ph. No. 083144341777, Fax No. 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINIC'S NETWORK KARNATAKA
 Bangalore: Indiranagar | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli |
 Koramangala | Sarajal Road | Mysore: IV Mohallal
 Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient's Name : Mr .Marribiona Saikrishna	Age & Sex:29 Yrs /Male
Date :27.05.2023	UHID No :56704

Measurement

AO : 2.6 cm
LA : 2.3 cm

RV : 2.8 cm
LVIDd : 4.79 cm
LVIDs : 2.67 cm
IVSd : 0.86 cm
IVSs : 1.30 cm
PWd : 1.11 cm
PWs : 1.15 cm

EF : 69 %
FS : 39 %

Doppler

	MV	TV		AV		PV	
E:	0.63 m/s	E --- m/s	V max	1.39 m/s	V max	1.11 m/s	
A:	0.50 m/s	A --- m/s					
MR	Nil	TR	Nil	AR	Nil		
PR	Nil						

Dr. GURU PRASAD. B. V, MBBS, PGDCC
CONSULTANT – NON-INVASIVE CARDIOLOGY

Dr. GURU PRASAD. B. V
MBBS, PGDCC (CARDIO)
CCMH, CRPE (CCPR), PGCC, CCEBDM
Consultant- Non Invasive Cardiology
KMC No 69349
Apollo Health City, 1st Floor, 1st Floor, Bengaluru, Mysore Road, Bengaluru, Karnataka - 560 016
Bangalore | Kuvempu Road | Bengaluru | Electronic City | Frazer Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli |
Koramangala | Narasipur Road | Mysore | VV Mohalla |
Enquiry: 1860 500 7788 | Email: enquiry@apollohospitals.com | www.apollohospitals.com

APOLLO CLINICS NETWORK KARNATAKA
Bengaluru | Kuvempu Road | Bengaluru | Electronic City | Frazer Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli |
Koramangala | Narasipur Road | Mysore | VV Mohalla |
Online appointments: www.apollohospitals.com

TO BOOK AN APPOINTMENT

1860 500 7788

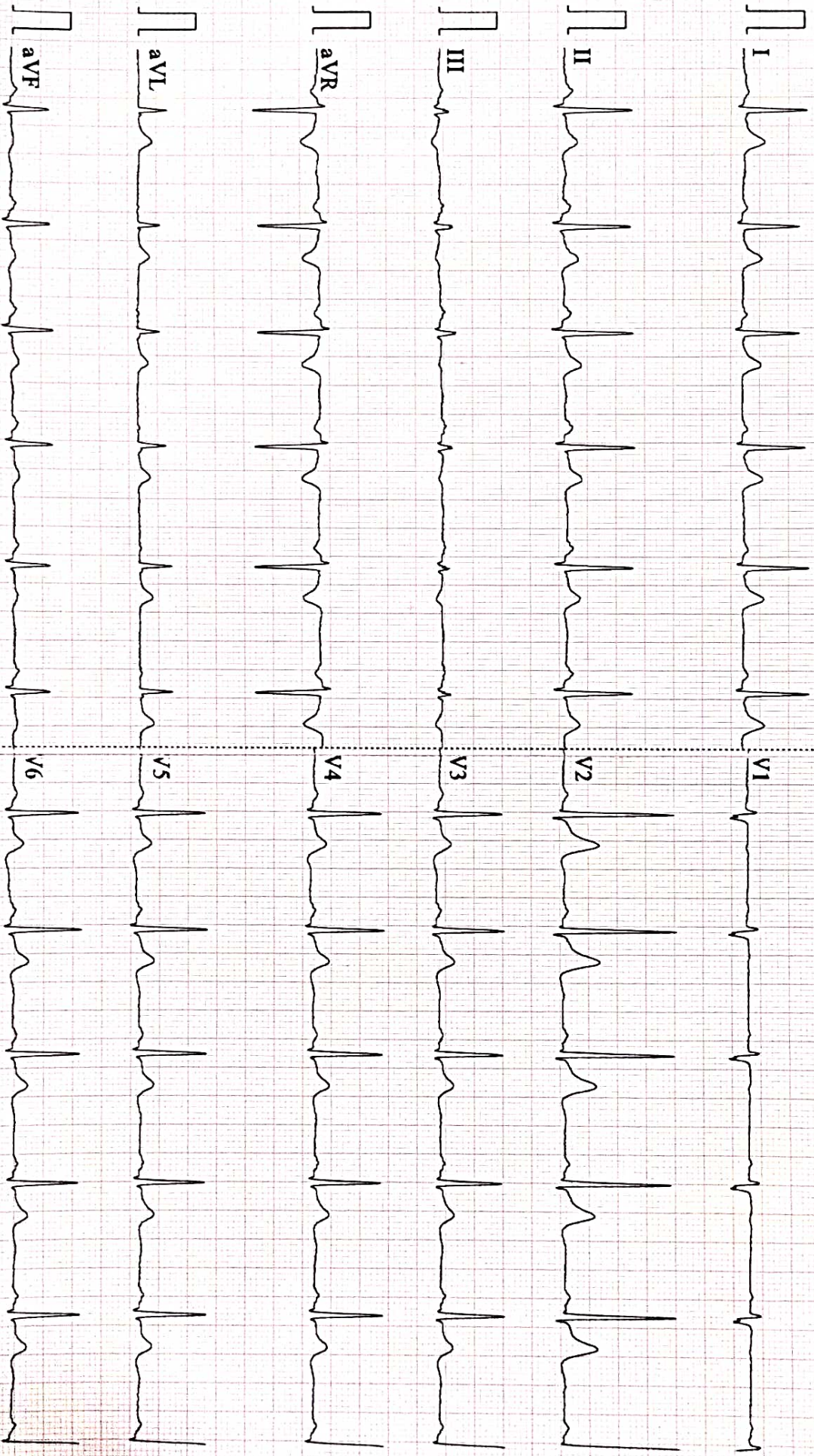
ID: 56704
MR MARRIBOINA SAIKRISHNA
Male 29Years
177cm 96kg 120/70 mmHg

27-05-2023 10:56:59 AM

Diagnosis Information:

Unconfirmed Report.

Apollo Clinic
23, 1st Floor,
Kallidasa Road, Mysore - 02
Ph : 0821-4006040/41



0.5~45Hz AC50 25mm/s 10mm/mV 2*5.0s 69 CARDIART 9

D V143 Glasgow V28.6.0 APOLLO CLINIC MYSURU


Bill Of Supply

Name : Mr. MARRIBOINA SAIKRISHNA
 Age/Gender : 29 Y M
 Contact No : +919000451557
 Address : MIYORE
 UHID : CMYS 0000056704
 Corporate Name : ARCOFEMI HEALTHCARE LIMITED
 Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT

Bill No : CMYS-OCR-20446
 Bill/Reg Date : 27.05.2023 09:30
 Referred by : SELF
 Center : Mysore
 Emp No/Auth Code : 931847311736

#	Department	Description Of Service	SAC Code	Qty	Rate	Gross Value	Discount	CGST Rate	CGST Amt	SGST/UTGST Rate	SGST/UTGST Amt	Net Value
1	Package Charges	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	999312	1	2,000.00	2,000.00	0.00	0.00	0.00	0.00	0.00	2,000.00

Bill Amount: 2,000.00
Total Discount: 0.00
Patient Payment: 0.00
Corporate Due: 2,000.00
Patient Due: 0.00

Received with thanks: Zero Rupees only

Authorized Signature : (KAVYASHREE N)

You can download your report from "www.apolloclinic.com" Enter user name as CMYSOPV113997 and password as 216795

Please log on to AskApollo.com for booking Appointments

Apollo Health and Lifestyle Limited

(CIN: UH5110TG1000PLC115819)
 Regd. Office: #7-1, 617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad 500038, Telangana |
 www.apollohlt.com | Email ID: enquiry@apollohlt.com | Ph No: 040 4904 7777, Fax No: 4904 7744

APOLLO CLINIC'S NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kanchipur | Nallakunta | Nizampet | Muskonda | Uppal) | Andhra Pradesh: Vizag
 Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kanchipur | Nallakunta | Nizampet | Muskonda | Uppal) | Andhra Pradesh: Vizag
 Karnataka: Bengaluru (Basavanaguda | Bellandur | Electronic City | IIBR Layout | Indira Nagar | JP Nagar | Kundalahalli |
 Koramangala | Sarjapur Road) | Mysore (MV Mohalla) | Tamil Nadu: Chennai | Andhra Pradesh: Kothapet | T. Nagar | Malakpet |
 Maharashtra: Pune (Aundh) | North India: Gurugram | Varanasi | Kharadi | Uttar Pradesh: Ghaziabad (Indraprastha)

Online appointments: www.apolloclinic.com

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 7788

Fwd: Health Check up Booking Confirmed Request(bobE39805),Package Code-PKG10000311, Beneficiary Code-76635

Sai Krishna <saikrishna.mariboina1@gmail.com>

Sat 27-05-2023 09:25

To: Mysore Apolloclinic <mysore@apolloclinic.com>

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

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

Date: Fri, May 26, 2023, 19:00

Subject: Health Check up Booking Confirmed Request(bobE39805),Package Code-PKG10000311, Beneficiary Code-76635

To: saikrishna.mariboina1@gmail.com <saikrishna.mariboina1@gmail.com>**011-41195959****[Email:wellness@mediwheel.in](mailto:wellness@mediwheel.in)**Dear **MR. MARRIBOINA SAIKRISHNA,**

Please find the confirmation for following request.

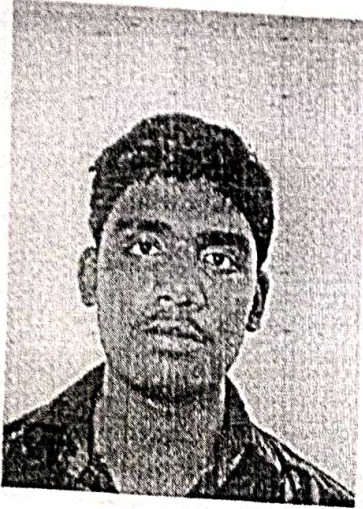
Booking Date : 25-05-2023
Package Name : Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO
Name of Diagnostic/Hospital : Apollo clinic - Kalidasa Road
Address of Diagnostic/Hospital : Apollo Clinic, 23, Kalidasa Road, VV Mohalla, Mysore -570002
Contact Details : 18605007788
City : Mysore
State : Karnataka
Pincode : 570002
Appointment Date : 27-05-2023
Confirmation Status : Confirmed
Preferred Time : 9:30am-12:30pm
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.



భారత ప్రభుత్వం
Government of India



మరిబోయిన సాయి క్రీష్ణ
Marriboina Sai Krishna

పుట్టిన సంవత్సరం / Year of Birth: 1994
పురుషుడు / Male



9318 4731 1736

అధార్ - సామాన్యని హక్కు

www.uidai.gov.in

help@uidai.gov.in

1800 300 1947



9318 4731 1736

Address: S/O: Marriboina
Srinivasarao, House Number
2-29A, B C Colony,
Inamanalluru,
Inamanalluru, Prakasam,
Inamanalluru, Andhra
Pradesh, 523211

పిరునామా: S/O: మరిబోయిన
శ్రీనివాసరావు, హౌస్ నంబర్ 2-29A2
బి సి కాలనీ, ఇనమనల్లూరు
ఇనమనల్లూరు, ఇనమనల్లూరు, ప్రకాశం
ఆంధ్ర ప్రదేశ్, 523211

Unique Identification Authority of India

