

Health Check up Booking Request(43E1385)

1 message

15 October 2024 at 16:41

Medsave <it@medsave.in>
To: healthcareshridurga@gmail.com
Cc: customercare@mediwheel.in



011-41195959

Dear Shri Durga Healthcare

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking? Yes No

Name : MR. ANKIT SHARMA

Proposal No : 2112

Branch Code : 11x

Contact Details : 9560235563

Location : D63, Har Gyan Singh Arya Marg, South Extension I, Block D,
New Delhi, Delhi 110049

Appointment Date : 20-10-2024

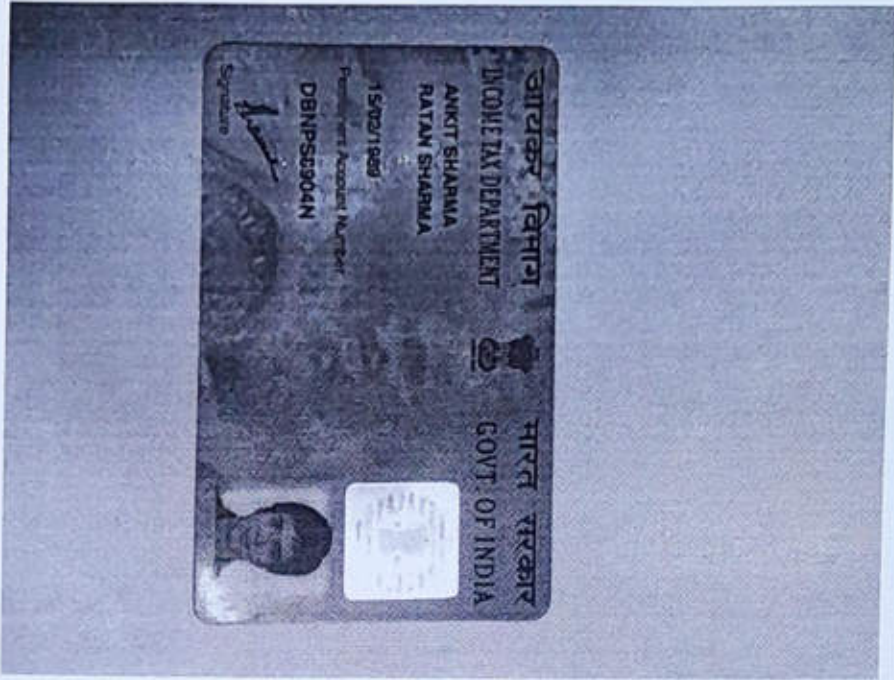
Member Information		
Booked Member Name	Age	Gender
MR. ANKIT SHARMA	25 year	Male

Included Test -

- Complete Heamogram

Thanks,
Medsave
Team





Handwritten signature in blue ink.



DR. MAHESH PAL
MBBS, (MD)



IDENTIFICATION & DECLARATION FORMAT

To,
LIC of India
Branch Office

11-X

Proposal No

2112

Name of Life to be assured:

Ankita Sharma

The Life to be assured was identified on the basis of:

pan

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which report/s are enclosed.

I hereby declare that the person examined has signed (affixed his/her thumb impression) in the space earmarked below, in my presence and I am not related to him/her or the Agent or the Development Officer.

Dated at

MD

15/10/24

at

10:50 a.m/p.m.

Signature of the Pathologist/Doctor
(Name & Rubber stamp) Qualification:

MAMESH PRASAD
MBBS (MD)

Signature of the Cardiologist (if LA has undergone CTMT / ECG)
Name & Rubber stamp) Qualification

Signature of the Radiologist (if LA has undergone X-ray or scanning)
Name & Rubber stamp) Qualification

The examinations /tests were done with my consent and I was fasting for more than 12 hrs before the tests

Signature of the Life to be Assured

Name.....

Reports enclosed.

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....





Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	ANKIT SHARMA	Sex:	MALE
Lab. No:	202401001	Age:	25
Date:	15/10/2024	Ref. By	LIC

Haemogram

TEST NAME		UNIT	NORMAL VALUE
Hemoglobin (HB)	15.1	mg/dl	13.2 - 16.2 (M) 12.0 - 15.2 (F)
Total Leukocyte Count	7,600	cells/cmm	4,000-11,000
Differential Leukocyte Count*			
Neutrophils	68	%	45 - 75
Lymphocyte	25	%	20 - 35
Eosinophil	04	%	01 - 06
Monocyte	03	%	02 - 10
Basophile	00	%	00 - 01
Band Form	00	%	-----
RBC	5.03	million/cmm	3.5 - 5.5
PCV	45.3	%	36 - 52
MCV	90	fl	78 - 98
MCH	30	pg	27 - 32
MCHC	33	%	32 - 38
E S R (Wintrob's method)	10	mm/hr	0 - 15
PLATELETS COUNT	2.21	Lac/cmm	1.5 - 4.5

*****End of Report*****



SDHC

D-63, Ground Floor, South Exn. Part-1, Near Barat Ghar, New Delhi-110049

Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

Note Valid For Medico-legal Purposes

Home Sample Collection Facility Available | Timing : 8:00 am To 8: Pm (Sunday Open)

sdurga HEALTHCARE
(CHAUDHARY DURGA SINGH)
HEALTHCARE PRIVATE LIMITED

NARINDER

DR. SEOHAR

DR. POOJA

100000



GPS Map Camera

New Delhi, Delhi, India

D-63, near Bank of Baroda, South Extension I, Block D, New Delhi, Delhi 110003, India

Lat 28.672248°

Long 77.221445°

15/10/24 10:55 AM GMT +05:30



Google



Dr. MAHESH PA
MBBS (MD)