

Health Check up Booking Request(43E1333)

1 message

11 October 2024 at 14:12

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 S SENTHIL KUMAR PILLAI
Proposal No : 3501
Branch Code : 11F
Contact Details : 9953264532
Location : D63, Har Gyan Singh Arya Marg, South Extension I, Block D, New Delhi, Delhi 110049
Appointment Date : 11-10-2024

Member Information		
Booked Member Name	Age	Gender
MR S SENTHIL KUMAR PILLAI	46 year	Male

Included Test -

- Urine Analysis
- BST Only fasting or Only PGBS
- Physical Medical Examination Report (PMER) Up To Rs. 15,00,000

Thanks,
Medsave
Team





भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार
Unique Identification Authority of India
Government of India

नामांकन क्रम/ Enrolment No.: 0000/00523/75493

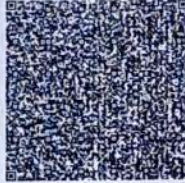
Download Date: 08/08/2018

To
एस सेंथिल कुमार पिमाई
S.Senthil Kumar Pillai
S/O N Sunderajan Pillai
Flat No 3, Top Floor, Nand Apartment 2,
Plot No 602 D19 Fa, Ward No 3,
Mehrauli,
Opposite Vasant Kunj Dda Park,
Mehrauli
South Delhi Delhi - 110030
9953264532

Generation Date: 08/08/2018

Signature Not Verified

Digitally signed by S.Senthil Kumar Pillai
DN: cn=S.Senthil Kumar Pillai, o=Unique Identification Authority of India, ou=UIDAI, email=S.Senthil Kumar Pillai, c=IN



QR Code with Photograph

आपका आधार क्रमांक / Your Aadhaar No. :

2672 9800 8186

VID : 9180 2185 2730 8022

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



एस सेंथिल कुमार पिमाई
S.Senthil Kumar Pillai
जन्म तिथि/DOB: 03/06/1978
पुल्ल/ MALE



2672 9800 8186

VID : 9180 2185 2730 8022

मेरा आधार, मेरी पहचान



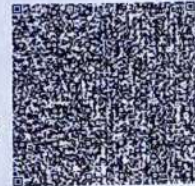
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:

एन सुंदरजन पिमाय, फ्लैट नं 3, टॉप फ्लोर, नन्द अपार्टमेंट
2,, प्लॉट नं 602 डी19 फा, वार्ड नं 3, मेहरौली,, वसंत
कुंज ड्वा पार्क के सामने,, मेहरौली, दक्षिण दिल्ली,
दिल्ली - 110030

Address:

S/O N Sunderajan Pillai, Flat No 3, Top
Floor, Nand Apartment 2,, Plot No 602 D19
Fa, Ward No 3,, Mehrauli,, Opposite Vasant
Kunj Dda Park,, Mehrauli, South Delhi,
Delhi - 110030



QR Code with Photograph

2672 9800 8186

VID : 9180 2185 2730 8022

DR. MAHESH PAI
MBBS, (MD)



Date: 11/10/24

To,
LIC of India
Branch Office

11-F
Proposal No. 3501

Name of the Life to be assured S. Senthil Kumar Pillai

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

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which reports are enclosed. The Life to be assured has signed as below in my presence.

Signature of the Pathologist Doctor

RAJESH PAL
MBBS (MD)



Name:

I confirm, I was on fasting for last 10 (ten) hours. All the Examination / tests as mentioned below were done with my consent.

[Signature]
(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

Sr. No	Reports Name	Sr. No	Reports Name
1	FMR	9	Lipidogram
2	Rest ECG with Tracing	10	BST (Blood Sugar Test-Fasting & PP) Both
3	Haemogram	11	Hba1c
4	Hb%	12	FBS (Fasting Blood Sugar)
5	SBT-13	13	PGBS (Post Glucose Blood Sugar)
6	Elisa for HIV	14	CTMT with Tracing
7	RUA	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

16. Questionnaires: _____

17. Others (Please Specify) _____

Remarks of ~~Insurance~~ Insurance TPA

Authorized Signature,





MEDICAL EXAMINER'S REPORT
Form No LIC03-001 (Revised 2020)

Branch Code: 11-5
Proposal/ Policy No: _____
MSP name/code: 0018
Date & Time of Examination: 11/10/24
Medical Diary No & Page No: _____

9.15 AM

Mobile No of the Proposer/Life to be assured: _____
Identity Proof verified: Aadh ID Proof No. 8186
(In Case of Aadhaar Card , please mention only last four digits)

[Note: Mobile number and identity proof details to be filled in above . For Physical MER, Identity Proof is to be verified and stamped.]

For Tele/ Video MER, consent given below is to be recorded either through email or audio/video message. For Physical Examination the below consent is to be obtained before examination.

"I would like to inform that this call with/ visit to Dr M.P.H. (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India"

Signature/ Thumb impression of Life to be assured
(In case of Physical Examination)

1 Full name of the life to be assured: S. Seethi Kumar Pillai
2 Date of Birth: 3/6/78 Age: 47 Gender: male
3 Height (In cms): 173 Weight (in kgs) : 85
4 Required only in case of Physical MER

Pulse : 74 Blood Pressure (2 readings):
1. Systolic 124 Diastolic 82
2. Systolic 124 Diastolic 82

ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED

If answer/s to any of the following questions is Yes, please give full details and ask life to be assured to submit copies of all treatment papers, investigation reports, histopathology report, discharge card, follow up reports etc. along with the proposal form to the Corporation

- | | |
|--|-----------|
| <p>5 a. Whether receiving or ever received any treatment/ medication including alternate medicine like ayurveda, homeopathy etc ?
b. Undergone any surgery / hospitalized for any medical condition / disability / injury due to accident?
c. Whether visited the doctor any time in the last 5 years ?
If answer to any of the questions 5(a) to (c)) is yes -
i. Date of surgery/accident/injury/hospitalisation
ii. Nature and cause
iii. Name of Medicine
iv. Degree of impairment if any
v. Whether unconscious due to accident, if yes, give duration</p> | <p>No</p> |
| <p>6 In the last 5 years, if advised to undergo an X-ray/ CT scan / MRI / ECG / TMT / Blood test / Sputum/Throat swab test or any other investigatory or diagnostic tests?
Please specify date , reason ,advised by whom & findings.</p> | <p>No</p> |
| <p>7 Suffering or ever suffered from Novel Coronavirus (Covid-19) or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days.
If yes provide all investigation and treatment reports</p> | <p>No</p> |



M. R. PAL
Dr. MAHESH PAL
MBBS (MD)

8	<p>a. Suffering from Hypertension (high blood pressure) or diabetes or blood sugar levels higher than normal or history of sugar /albumin in urine?</p> <p>b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?</p> <p>c. Whether on medication? please give name of the prescribed medicine and dosage</p> <p>e. Whether developed any complications due to diabetes?</p> <p>f. Whether suffering from any other endocrine disorders such as thyroid disorder etc.?</p> <p>g. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?</p>	No
9	<p>a. Any history of chest pain, heart attack, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from high cholesterol?</p> <p>c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.</p> <p>d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?</p>	No
10	Suffering or ever suffered from any disease related to kidney such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	NO
11	Suffering or ever suffered from any Liver disorders like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any lung related or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	No
12	Suffering or ever suffered from any Blood disorder like anaemia, thalassemia or any Circulatory disorder ?	No
13	Suffering or ever suffered from any form of cancer , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	No
14	Suffering or ever suffered from Epilepsy, nervous disorder , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	No
15	Suffering or ever suffered from any physical impairment/ disability /amputation or any congenital disease/abnormality or disorder of back, neck, muscle, joints, bones, arthritis or gout?	No
16	Suffering or ever suffered from Hernia or disorder of the Stomach / intestines, colitis, indigestion, Peptic ulcer, piles, or any other disease of the gall bladder or pancreas?	No
17	<p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / psychiatric disorder?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	No No
18	Is there any abnormality of Eyes (partial/total blindness), Ears (deafness/ discharge from the ears), Nose, Throat or Mouth, teeth, swelling of gums / tongue, tobacco stains or signs of oral cancer?	No
19	Whether person being examined and/ or his/her spouse/partner tested positive or is/ are under treatment for HIV/AIDS Sexually transmitted diseases (e.g. syphilis, gonorrhoea, etc.)	No
20	Ascertain if any other condition / disease / adverse habit (such as smoking/ tobacco chewing/ consumption of alcohol/drug etc) which is relevant in assessment of medical risk of examinee.	No

Dr. MAHESH PAL
MBBS, (MD)



For Female Proponents only		NA
i.	Whether pregnant? If so duration.	/
ii	Suffering from any pregnancy related complications	
iii	Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaecailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same	

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	X-ES
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Declaration

You Mr/Ms S. Seethil Kumar Pillai declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. We thank you for having taken the time to confirm the details. The information provided will be passed on to Life Insurance Corporation of India for further processing.

[Handwritten Signature]

Signature/ Thumb impression of Life to be assured
(In case of Physical Examination)

I hereby certify that I have assessed/ examined the above life to be assured on the ___ day of ___ 20___ vide Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the aforesaid questions as ascertained from the life to be assured.

Place:
Date:
Stamp:

MD
11/10/24

[Handwritten Signature]
Signature of Medical Examiner
Name: *[Handwritten]*
Mobile No: *[Handwritten]*





Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	S.Senthil kumar pillai	Sex:	MALE
Lab. No:	202401001	Age:	47
Date:	11/10/2024	Ref. By	LIC

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

<u>TEST NAME</u>	<u>VALUE</u>	<u>NORMAL VALUE</u>
Color	P. Yellow	P. Yellow
Quantity	20ml	
Appearance	Clear	Clear
Reaction	Acidic	Acidic
Deposits	Nil	Nil
Specific Gravity	1.020	1.010 - 1.030

CHEMICAL EXAMINATION

Albumin	Nil	Nil
Sugar	Nil	Nil

MICROSCOPIC EXAMINATION

Pus Cells	2-2	0-5 /HPF
Epithelial Cells	2-2	0-5 /HPF
RBCs	Nil	Nil /HPF
Crystals	Nil	Nil
Cast	Nil	Nil
Bacteria	Nil	Nil
Others	Nil	Nil

BIOCHEMISTRY

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Normal Value</u>
Blood Sugar fasting(FBS)	90	mg/dl	70 - 110



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

DR. MAHESH PAL
DR. SEKHAR
DR. POOJA



 **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°

11/10/24 09:23 AM GMT +05:30



Dr. MAHESH PAL
MBBS, (MD)

