

Certificate No: MO-5597

Patient Name : Mr.HANUMAN SHIVAJI WAGHMARE	Collected : 22/Jun/2024 12:58PM
Age/Gender : 39 Y 4 M 16 D/M	Received : 22/Jun/2024 04:34PM
UHID/MR No : CKHA.0000074244	Reported : 22/Jun/2024 04:59PM
Visit ID : CKHAOPV114930	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6959	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC's Anisocytosis+, Microcytes+,
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.**



DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.6	g/dL	13-17	Spectrophotometer
PCV	38.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	76.5	fL	83-101	Calculated
MCH	25.1	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	15	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,030	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	62.7	%	40-80	Electrical Impedance
LYMPHOCYTES	27.3	%	20-40	Electrical Impedance
EOSINOPHILS	1.9	%	1-6	Electrical Impedance
MONOCYTES	7.6	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3780.81	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1646.19	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	114.57	Cells/cu.mm	20-500	Calculated
MONOCYTES	458.28	Cells/cu.mm	200-1000	Calculated
BASOPHILS	30.15	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.3		0.78- 3.53	Calculated
PLATELET COUNT	311000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC's Anisocytosis+, Microcytes+, Elliptocytes+
WBC's are normal in number and morphology
Platelets are Adequate
No Abnormal cells seen



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UHID/MR No : CKHA.0000074244	Reported : 22/Jun/2024 06:06PM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	126	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:

- 1.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.
2. Very high glucose levels (>450 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)	162	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.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	151	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.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. 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.

4. 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.

5. 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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Age/Gender : 39 Y 4 M 16 D/M	Received : 22/Jun/2024 06:07PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	271	mg/dL	<200	CHO-POD
TRIGLYCERIDES	123	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	226	mg/dL	<130	Calculated
LDL CHOLESTEROL	201.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.5	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.11		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.08		<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

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

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.68	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.52	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	64.43	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	90.8	U/L	<50	IFCC
ALKALINE PHOSPHATASE	73.50	U/L	30-120	IFCC
PROTEIN, TOTAL	8.67	g/dL	6.6-8.3	Biuret
ALBUMIN	3.73	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	4.94	g/dL	2.0-3.5	Calculated
A/G RATIO	0.76		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:

- 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 diseases, Cirrhosis, but the increase is usually not >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.

- Synthetic function impairment:
 - Albumin- Liver disease reduces albumin levels.



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Correlation with PT (Prothrombin Time) helps.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.60	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	15.63	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.93	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.58	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.00	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.86	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	100.56	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	8.67	g/dL	6.6-8.3	Biuret
ALBUMIN	3.73	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	4.94	g/dL	2.0-3.5	Calculated
A/G RATIO	0.76		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	53.35	U/L	<55	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.07	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.24	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	5.672	µIU/mL	0.34-5.60	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

Sneha Shah

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DEPARTMENT OF IMMUNOLOGY

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Physical measurement
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.013		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	4 - 5	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	1 - 2	/hpf	< 10	Automated Image Based Microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.

*** End Of Report ***



DR. Sanjay Ingle
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CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Hanuman S Waghmare on 24/6/24

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

	Tick
<ul style="list-style-type: none"> Medically Fit 	/
<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..... <u>Blood glucose level ↑</u></p> <p>2..... <u>HbA1c ↑</u></p> <p>3..... <u>dyslipidemia, S.G.O.T, S.C.P.T ↑</u> <u>Serum Calcium ↓ Serum Protein ↓</u></p> <p>However the employee 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. Review after _____ recommended 	
<ul style="list-style-type: none"> Unfit 	

Dr. **Dr. Lily Dube**
MBBS General Physician
Medical Officer
Reg. No.:- 2022/04/0739

This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

(CIN U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.


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

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Date : 22-06-2024
 MR NO : CKHA.0000074244
 Name : Mr. HANUMAN SHIVAJI WAGHM
 Age/ Gender : 39 Y / Male

Department : GENERAL *hanuman*
 Doctor : *Shivaji Waghmare*
onere
 Registration No : *Age: 39*
 Qualification :

Consultation Timing: 09:15

Height : <i>160</i>	Weight : <i>93</i>	BMI : <i>36</i>	Waist Circum : <i>104</i>
Temp : <i>97.2</i>	Pulse : <i>93</i>	Resp : <i>22</i>	B.P : <i>111/78</i>

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Present complains - *Nil*
 Comorbidity - *Nil*
 Allergies - *Nil*
 Surgical H/O *Nil*
 Family H/O *HTN / DM (mother)*
 Addiction - *Nil.*

OE

CVS-
 CNS-
 P/A-
 Chest- *HAJ*

Follow up date:

[Signature]
 Doctor Signature

POWER PRESCRIPTION

NAME: *Mrs Hanuman Khagmare*

GENDER: *M/F*

DATE: *22-6-24*

AGE: *39*

UHID:

RIGHT EYE

LEFT EYE

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

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

INSTRUCTIONS:

SIGNATURE 

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

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

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

ID: 74244

22-06-2024 13:02:06

hanuman waghmare
Male 39Years
kg / mmHg
Req. No. :

HR : 102 bpm
P : 112 ms
PR : 128 ms
QRS : 94 ms
QT/QTcBz : 354/462 ms
P/QRS/T : 56/29/46 °
RV5/SV1 : 1.312/0.385 mV

Diagnosis Information:
Sinus tachycardia
Borderline prolonged QT interval
Borderline ECG

Report Confirmed by:



Patient Name : Mr. HANUMAN SHIVAJI WAGHMARE Age : 39 Y M
UHID : CKHA.0000074244 OP Visit No : CKHAOPV114930
Reported on : 22-06-2024 13:42 Printed on : 22-06-2024 16:27
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Mildly prominent broncho vascular markings noted bilaterally ? bronchitis.

Rest of lung fields appear normal.

Both costophrenic angles are clear.

Cardiothoracic ratio is normal.

Cardiac silhouette is maintained.

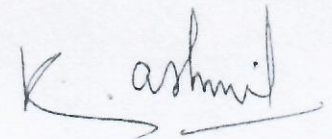
Both diaphragmatic domes are well visualized and normal.

Visualized soft tissues and bony rib cage appears normal.

Kindly correlate clinically.

Printed on:22-06-2024 13:42

---End of the Report---



Dr. SANKET KASLIWAL

MBBS DMRE

Radiology

Apollo Health and Lifestyle Limited

(CIN U85110TG2000PLC115819)

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भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रमांक/ Enrolment No.: XXXX/XXXXX/XXXXX

Download Date: 29/07/2022

To
हनूमान शिवाजी वाघमारे
Hanuman Shivaji Waghmare
S/O Shivaji Waghmare
S, No 215, 174, Ganga Nagar, House No 752215
Fursungi
Near Navyug Tarun Mitra Mandal
Fursungi
Pune Maharashtra-412308

Issue Date: 08/04/2012

Validity unknown



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भारत सरकार
Government of India



हनूमान शिवाजी वाघमारे
Hanuman Shivaji Waghmare
जन्म तिथि/DOB: 06/02/1985
पुरुष/ MALE

Issue Date: 08/04/2012

Download Date: 29/07/2022

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मेरा आधार, मेरी पहचान



Government of India



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पता:
S/O शिवाजी वाघमारे, स, नं २१५, १७४, गंगा नगर,
घर नं ७५२२१५, नवयुग तरुण मित्र मंडलाजवळ,
फुरसुंगी, फुरसुंगी, पुणे,
महाराष्ट्र, ४१२३०८

Address:
S/O Shivaji Waghmare, S, No
215, 174, Ganga Nagar, House No
752215, Near Navyug Tarun Mitra
Mandal, Fursungi, Fursungi, Pune,
Maharashtra, 412308



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- [OPD-IP Consultation](#)
- [Roster Configuration](#)

Patient Details

Patient First Name HANUMAN SHIVAJI	Patient Last Name WAGHMARE	Patient Mobile Number 9552678768	
Patient E-mail ID waghmarshanuman007	Date of Birth 04-03-1985	Gender male	
Client ARCOFEMI HEALTHCARE LIMITED	Agreement Name (1) ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		
Package Name (1) ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	Visit Type in-clinic		
Visit Status Order Confirmed	Report Status Order Confirmed	City PUNE	Appointment Date 22-06-2024
Clinic KHARADI	Order Date 19-06-2024	Slot Time 08:30-08:45	
Ref_Appointment ID 35E6959	Visit ID		



MER URL



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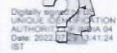
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