

Patient Name : Mrs.MOUSUMI MUSIB	Collected : 23/Sep/2023 12:41PM
Age/Gender : 32 Y 2 M 21 D/F	Received : 24/Sep/2023 11:49AM
UHID/MR No : CJPN.000088212	Reported : 26/Sep/2023 01:55PM
Visit ID : CJPNOPV177507	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8095630287	

DEPARTMENT OF CYTOLOGY

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

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

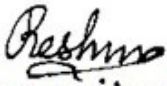
	CYTOLOGY NO.	16061/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

***** End Of Report *****

Result/s to Follow:

HEMOGRAM, BLOOD GROUP ABO AND RH FACTOR, THYROID PROFILE TOTAL (T3, T4, TSH), GLUCOSE (FASTING) - URINE, GAMMA GLUTAMYL TRANSFERASE (GGT), GLUCOSE, FASTING, LIVER FUNCTION TEST (LFT), LIPID PROFILE, COMPLETE URINE EXAMINATION (CUE), HBA1C (GLYCATED HEMOGLOBIN), RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), PERIPHERAL SMEAR



Dr. Reshma Stanly
M.B.B.S, DNB(Pathology)
Consultant Pathologist

Page 1 of 1



SIN No:CS068231

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

Name : Mrs. MOUSUMI MUSIB

Age: 32 Y

Address :blr

Sex: F

 Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
 INDIA OP AGREEMENT

UHID:CJPN.0000088212



OP Number:CJPNOPV177507

Bill No :CJPN-OCR-66315

Date : 23.09.2023 09:51

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING) ✓	
2	GAMMA GLUTAMYL TRANSFERASE (GGT) ✓	
3	HbA1c, GLYCATED HEMOGLOBIN ✓	
4	2 D ECHO ✓	
5	LIVER FUNCTION TEST (LFT) ✓	
6	X-RAY CHEST PA ✓	
7	GLUCOSE, FASTING ✓	
8	HEMOGRAM + PERIPHERAL SMEAR ✓	
9	ENT CONSULTATION ✓ (5)	
10	FITNESS BY GENERAL PHYSICIAN ✓	
11	GYNAECOLOGY CONSULTATION ✓ → (11)	
12	DIET CONSULTATION ✓	
13	COMPLETE URINE EXAMINATION ✓	
14	URINE GLUCOSE(POST PRANDIAL) ✓	
15	PERIPHERAL SMEAR ✓	
16	ECG ✓	
17	BLOOD GROUP ABO AND RH FACTOR ✓	
18	LIPID PROFILE ✓	
19	BODY MASS INDEX (BMI) ✓	
20	LBC PAP TEST- PAPSURE ✓	
21	OPHTHAL BY GENERAL PHYSICIAN ✓ (3)	
22	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
23	ULTRASOUND - WHOLE ABDOMEN ✓	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
25	DENTAL CONSULTATION ✓ (22)	
26	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) ✓	

Physio - 4.

Apollo Clinic

CONSENT FORM

Patient Name: Mousumi Musib Age: 32
UHID Number: Company Name: Bank of Baroda

I Mr/Mrs/Ms Mousumi Musib Employee of Bank of Baroda

(Company) Want to inform you that I am not interested in getting X-ray, USG, ECG, ELO,
Tests done which is a part of my routine health check package Blood test

And I claim the above statement in my full consciousness.

Patient Signature: [Signature] Date: 23/09/2023

Name - Mousumi musib
Age - 32yrs/F

Date - 23/09/23

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Cl - Routine

Eye checkup

H/O pres - using

glasses

H/O Eye Sx - No

UHVH $\left\{ \begin{array}{l} B/60 \quad N6 \\ 6/60 \quad N6 \end{array} \right.$

7 glasses $\left\{ \begin{array}{l} 6/6 \quad N6 \\ 6/6 \quad N6 \end{array} \right.$

Rx

RE = -0.25 / -2.00 X 100°

LE = -0.50 / -2.00 X 70°

Colours vision is normal in RE

Follow up date:

After 6 months

Doctor Signature

DENTAL SCRIPT



Date: 23/9/23

Patient ID: CJPN.00000 88212

MHC

Patient Name: mes. Mousumi Musib Age: 32

Sex: Male Female

Main Complaint: Regular dental check up

Medical History: —

Drug Allergy: —

Medication currently taken by the Guest: —

Initial Screenign Findings:

Dental Caries: +₈

Missing Teeth: -

Impacted Teeth: +

Attrition / Abrasion: -

Bleeding: -

Pockets / Recession: -

Calculus / Stains: Ca⁺, St⁺

Mobility: -

Restored Teeth: -

Non - restorable Teeth for extraction /
Root Stumps: -

Malocclusion: -

Others: -

Advice:- Advised for OPQ (+₈)
Advised for oral prophylaxis

Doctor

D.A. Lijo

Department of Dietetics
SOUTH INDIAN SAMPLE MENU

Date: _____

Name: Mousmi Sex: F
 Age: 32 Height: 5.7 / 173.7 cms. / Weight: 73 kg.
 Referred by Dr. _____
 Diet Advised: Weight management, Balanced diet.

TIME	QUANTITY
6.00 AMON RISING	
Tea / Coffee / Milk	
Almonds - 4	Pumpkin - seeds - 1 ¹ / ₂ cup
chia seeds - 1 tsp	flax seeds - 1 tsp
Sunflower seeds	1 Raisins - 5'
8.30 AM ... BREAKFAST	
Idli <u>2</u>no. / Chapathis (No oil)..... <u>2</u>no. / Dosai (No oil) <u>2</u>no / Upma.....cup/	
Tomato / Onion / Mint Chutney (No Coconut / Groundnut Chutney)tsp
Dhal / Vegetable / Sambar	1 cup
Tea / Coffee / Milk	1 cup
(OR)	
Brown Bread / Toast / Vegetable Sandwiches	2 slices
tsp
Sprouted grams..... <u>1</u> / ₂cup / Oats Porridge..... <u>1</u>cup /	
Egg White only 3	1 no.
Tea / Coffee / Milk (.....tsp. Sugar)	1 cup
10.30 AM ...MID MORNING	
Lime Juice / Dilute Butter Milk / Tomato Juice	1 glass
(..... tsp. Salt)	
Digestive Marie / Marie Biscuits <u>2</u> no. / Salad / Fruit	1 cup

Mr. Moushmi 32 yrs

23/9/23

MS - Gyn. Pili.

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

no complaints

LMP: 10/9/23
MH: 4-5 days → Regular
30 days → Mod. heavy
mid pain

PHT: NS

PH: 1.4
0, 24m, FA USG.
USG. w/ob m.
Gestational DM (+) + PSH.

FHA: father - Dist. Hm.
no cancer.

O/E:
Ac. skin
Appetite
P.O. NGK
bcms ⊕

Adm:
for E. mg. Ab.

PIS: CA vs (Healthy)
PIN: Uter, NS
B/L for m. m.
MT

Follow up date:



Doctor Signature



Patient Name : Mrs. MOUSUMI MUSIB

Age/Gender : 32 Y/F

UHID/MR No. : CJPN.0000088212

OP Visit No : CJPNOPV177507

Sample Collected on :

Reported on : 23-09-2023 15:22

LRN# : RAD2106837

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 8095630287

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

USG REFUSED



Patient Name	: Mrs. MOUSUMI MUSIB	Age/Gender	: 32 Y/F
UHID/MR No.	: CJPN.0000088212	OP Visit No	: CJPNOPV177507
Sample Collected on	:	Reported on	: 23-09-2023 15:21
LRN#	: RAD2106837	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 8095630287		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

X-RAY REFUSED

Fwd: Health Check up Booking Confirmed Request(bobS45744),Package Code-PKG10000309, Beneficiary Code-62746

mousumi musib <mousumi.musib123@gmail.com>

Sat 9/23/2023 9:36 AM

To:JP Nagar Apollo Clinic <jpnagar@apolloclinic.com>

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

From: **mousumi musib** <mousumi.musib123@gmail.com>

Date: Sat, 23 Sept 2023, 09:30

Subject: Fwd: Health Check up Booking Confirmed Request(bobS45744),Package Code-PKG10000309, Beneficiary Code-62746

To: Sushant Dutta <dutta.sushant@gmail.com>

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

From: **Mediwheel** <wellness@mediwheel.in>

Date: Tue, 5 Sept 2023, 18:41

Subject: Health Check up Booking Confirmed Request(bobS45744),Package Code-PKG10000309, Beneficiary Code-62746

To: <mousumi.musib123@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

Email:wellness@mediwheel.in

Dear **Sushant Dutta**,

Please find the confirmation for following request.

Booking Date : 04-09-2023

Package Name : Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO (Metro)

Name of Diagnostic/Hospital : Apollo Clinic - JP Nagar

Address of Diagnostic/Hospital : House List No. 22, BNR Complex, Sree Rama Layout, Opp: RBI Layout, JP Nagar 7th Phase, Kothanur Village, Uttarahalli Hobli, JP nagar - 560078

Contact Details : (080) 41289521 / 6309937245

City : Bangalore

State : Karnataka

Pincode : 560078

Appointment Date : 23-09-2023



भारत सरकार
GOVERNMENT OF INDIA



मौसुमी मुसीब
Mousumi Musib

जन्म वर्ष / Year of Birth : 1991
महिला / Female



5951 5546 5694

आधार – आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: D/O: तपन कुमार मुसीब, क्रा नंबर:- डीएन/2/ 163-डी, रेलवे डीजल कॉलोनी, रेलवे कॉलोनी बालिडीह, राधानगर, बोकारो, राधानगर, झारखण्ड, 827010
Address: D/O: Tapan Kumar Musib, Q.NO- DS/2/ 163-D, RLY DIESEL COLONY, RAILWAY COLONY BALIDIH, Radhanagar, Bokaro, Radhanagar, Jharkhand, 827010



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