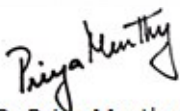


| | |
|----------------------------------|--|
| Patient Name : Mr.ARUN KUMAR S D | Collected : 14/Sep/2024 10:46AM |
| Age/Gender : 26 Y 2 M 2 D/M | Received : 14/Sep/2024 01:37PM |
| UHID/MR No : CIND.0000171490 | Reported : 14/Sep/2024 03:17PM |
| Visit ID : CINDOPV239728 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9920144559 | |

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------------|-------------------------|--------------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 15.6 | g/dL | 13-17 | Spectrophotometer |
| PCV | 44.30 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 5.09 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 87.1 | fL | 83-101 | Calculated |
| MCH | 30.6 | pg | 27-32 | Calculated |
| MCHC | 35.2 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13.3 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 5,950 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 39.8 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 39.8 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 11.8 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 8.2 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.4 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 2368.1 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2368.1 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 702.1 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 487.9 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 23.8 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 273000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 8 | mm at the end of 1 hour | 0-15 | Modified Westegren method |
| PERIPHERAL SMEAR | | | | |



Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



| | |
|----------------------------------|--|
| Patient Name : Mr.ARUN KUMAR S D | Collected : 14/Sep/2024 10:46AM |
| Age/Gender : 26 Y 2 M 2 D/M | Received : 14/Sep/2024 01:37PM |
| UHID/MR No : CIND.0000171490 | Reported : 14/Sep/2024 03:17PM |
| Visit ID : CINDOPV239728 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9920144559 | |

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

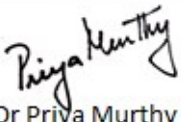
RBCs: are normocytic normochromic

WBCs: are normal in total number with mild increase in eosinophils.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD EOSINOPHILIA.



Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

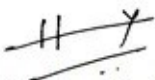


| | |
|----------------------------------|--|
| Patient Name : Mr.ARUN KUMAR S D | Collected : 14/Sep/2024 10:46AM |
| Age/Gender : 26 Y 2 M 2 D/M | Received : 14/Sep/2024 01:37PM |
| UHID/MR No : CIND.0000171490 | Reported : 14/Sep/2024 07:25PM |
| Visit ID : CINDOPV239728 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9920144559 | |

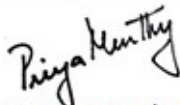
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

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



Dr. Harshitha Y
M.B.B.S, M.D (Pathology)
Consultant Pathologist



Dr. Priya Murthy
M.B.B.S, M.D (Pathology)
Consultant Pathologist



| | |
|----------------------------------|--|
| Patient Name : Mr.ARUN KUMAR S D | Collected : 14/Sep/2024 10:46AM |
| Age/Gender : 26 Y 2 M 2 D/M | Received : 14/Sep/2024 02:15PM |
| UHID/MR No : CIND.0000171490 | Reported : 14/Sep/2024 02:54PM |
| Visit ID : CINDOPV239728 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9920144559 | |

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-------------------------------|--------|-------|--------------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 79 | mg/dL | 70-100 | HEXOKINASE |

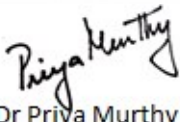
Comment:

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.



Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



| | |
|----------------------------------|--|
| Patient Name : Mr.ARUN KUMAR S D | Collected : 14/Sep/2024 10:46AM |
| Age/Gender : 26 Y 2 M 2 D/M | Received : 14/Sep/2024 01:34PM |
| UHID/MR No : CIND.0000171490 | Reported : 14/Sep/2024 03:34PM |
| Visit ID : CINDOPV239728 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9920144559 | |

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|------|--------------------|--------|
| ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM | 27 | U/L | <50 | IFCC |

Comment:

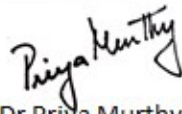
ALT elevations are noted in liver parenchymal diseases, leading to injury / destruction of hepatocytes.

ALT levels are seen to be elevated even before the signs and symptoms of the liver injury appear.

The ALT levels remain high longer in blood as compared to AST levels. And though both the enzymes increase in liver injury, the rise in ALT is more compared to AST, thus also altering the ALT:AST ratio.



Dr.Govinda Raju N L
MSc,PhD(Biochemistry)
Consultant Biochemistry



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

SIN No:IRA240902210

Apollo Health and Lifestyle Limited

(CIN - U061107C2009PLG115819)

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

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

Address:

32/100/125, Doddabangla Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

 1860 500 7788

www.apolloclinic.com

| | | | |
|-----------------|---------------------|--------------|-------------------------------|
| Patient Name | : Mr.ARUN KUMAR S D | Collected | : 14/Sep/2024 10:46AM |
| Age/Gender | : 26 Y 2 M 2 D/M | Received | : 14/Sep/2024 01:34PM |
| UHID/MR No | : CIND.0000171490 | Reported | : 14/Sep/2024 03:34PM |
| Visit ID | : CINDOPV239728 | Status | : Final Report |
| Ref Doctor | : Self | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 9920144559 | | |

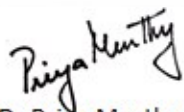
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|----------------------------------|--------|-------|--------------------|---------|
| TOTAL CHOLESTEROL , SERUM | 147 | mg/dL | <200 | CHO-POD |



Dr.Govinda Raju N L
MSc,PhD(Biochemistry)
Consultant Biochemistry



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
SIN No:IRA240902210

Apollo Health and Lifestyle Limited

(CIN - U061107C2800PHG115819)
This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
32, 100/125, Doddabangla Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034



APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | **Andhra Pradesh:** Vizag (Seethamma Peta) | **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | **Mysore** (VV Mohalla) | **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | **Uttar Pradesh:** Ghaziabad (Indrapuram) | **Gujarat:** Ahmedabad (Satellite) | **Punjab:** Amritsar (Court Road) | **Haryana:** Faridabad (Railway Station Road)

| | |
|----------------------------------|--|
| Patient Name : Mr.ARUN KUMAR S D | Collected : 14/Sep/2024 10:46AM |
| Age/Gender : 26 Y 2 M 2 D/M | Received : 14/Sep/2024 01:34PM |
| UHID/MR No : CIND.0000171490 | Reported : 14/Sep/2024 03:34PM |
| Visit ID : CINDOPV239728 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9920144559 | |

DEPARTMENT OF BIOCHEMISTRY

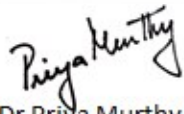
ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--------------|--------|-------|--------------------|---------------------|
| UREA , SERUM | 11.60 | mg/dL | 17-43 | GLDH, Kinetic Assay |

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--------------------|--------|-------|--------------------|-------------------------|
| CREATININE , SERUM | 0.77 | mg/dL | 0.84 - 1.25 | Modified Jaffe, Kinetic |



Dr.Govinda Raju N L
MSc,PhD(Biochemistry)
Consultant Biochemistry



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
SIN No:IRA240902210

Apollo Health and Lifestyle Limited

(CIN - U06110TC2009PLG115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
32-3/100/125, Doddabangla Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

| | |
|----------------------------------|--|
| Patient Name : Mr.ARUN KUMAR S D | Collected : 14/Sep/2024 10:46AM |
| Age/Gender : 26 Y 2 M 2 D/M | Received : 14/Sep/2024 01:46PM |
| UHID/MR No : CIND.0000171490 | Reported : 14/Sep/2024 03:16PM |
| Visit ID : CINDOPV239728 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9920144559 | |

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|-------------|------|-----------------------|----------------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Scattering of light |
| TRANSPARENCY | Clear | | CLEAR | Scattering of light |
| pH | 7.0 | | 5-7.5 | Bromothymol Blue |
| SP. GRAVITY | 1.006 | | 1.002-1.030 | Bromothymol Blue |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NORMAL | | NEGATIVE | GOD-POD |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | Diazonium Salt |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | Sodium nitro prusside |
| UROBILINOGEN | NORMAL | | NORMAL (0.1-1.8mg/dl) | Diazonium salt |
| NITRITE | NEGATIVE | | NEGATIVE | Sulfanilic acid |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | Diazonium salt |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 0 | /hpf | 0-5 | Automated Image based microscopy |
| EPITHELIAL CELLS | 0 | /hpf | < 10 | Microscopy |
| RBC | 0 | /hpf | 0-2 | Microscopy |
| CASTS | NEGATIVE | /lpf | 0-2 Hyaline Cast | Microscopy |
| CRYSTALS | NEGATIVE | /hpf | Occasional-Few | Microscopy |

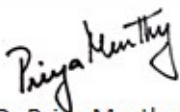
Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

*** End Of Report ***

Page 8 of 9



Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



THIS REPORT IS VALID ONLY AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

This result has been performed at Apollo Health & Lifestyle Laboratory

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

323/100/123, Doddathangur Village, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru, Karnataka- 560034

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

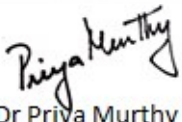


| | | | |
|-----------------|---------------------|--------------|-------------------------------|
| Patient Name | : Mr.ARUN KUMAR S D | Collected | : 14/Sep/2024 10:46AM |
| Age/Gender | : 26 Y 2 M 2 D/M | Received | : 14/Sep/2024 01:46PM |
| UHID/MR No | : CIND.0000171490 | Reported | : 14/Sep/2024 03:16PM |
| Visit ID | : CINDOPV239728 | Status | : Final Report |
| Ref Doctor | : Self | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 9920144559 | | |

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

Result/s to Follow:
STOOL ROUTINE EXAMINATION, PERIPHERAL SMEAR



Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



Patient Name : Mr.ARUN KUMAR S D
Age/Gender : 26 Y 2 M 2 D/M
UHID/MR No : CIND.0000171490
Visit ID : CINDOPV239728
Ref Doctor : Self
Emp/Auth/TPA ID : 9920144559

Collected : 14/Sep/2024 10:46AM
Received : 14/Sep/2024 01:46PM
Reported : 14/Sep/2024 03:16PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

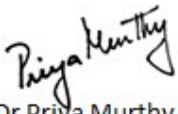
Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:IRA240902212

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

| | | | |
|--------------|-----------------------|---------------------|---------------------|
| Patient Name | : Mr. Arun Kumar S D | Age | : 26Yrs 2Mths 3Days |
| UHID | : CIND.0000171490 | OP Visit No. | : CINDOPV239728 |
| Printed On | : 14-09-2024 01:27 PM | Advised/Pres Doctor | : -- |
| Department | : Radiology | Qualification | : -- |
| Referred By | : Self | Registration No. | : -- |
| Employer Id | : 9920144559 | | |

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

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.

CONCLUSION :

No obvious abnormality seen

For clinical correlation.

---End Of The Report---



Dr.DHANALAKSHMI B
MBBS, DMRD
29543
Radiology

Name : Mr. Arun Kumar S D

Age : 26Y 2M 2D

UHID : CIND.0000171490

Address : Kolar Doddapet Kolar Karnataka INDIA 563101

sex : Male



CIND.0000171490

Plan : ARCOFEMI MEDIWHEEL PMC CREDIT PAN
INDIA OP AGREEMENT

OP No: CINDOPV239728

Bill No: CIND-OCR-101639

Date: Sep 14th, 2024, 10:10 AM

| Sno. | Service Type/Service Name | Department | |
|------|--|--------------------|--------------------------|
| 1 | ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324 | | |
| 1 | HEMOGRAM + PERIPHERAL SMEAR | Haematology | <input type="checkbox"/> |
| 2 | PERIPHERAL SMEAR | Haematology | <input type="checkbox"/> |
| 3 | STOOL ROUTINE EXAMINATION | Clinical Pathology | <input type="checkbox"/> |
| 4 | ECG - 6 | Cardiology | <input type="checkbox"/> |
| 5 | X-RAY CHEST PA - 10 | X Ray Radiology | <input type="checkbox"/> |
| 6 | COMPLETE URINE EXAMINATION | Clinical Pathology | <input type="checkbox"/> |
| 7 | OPHTHAL BY GENERAL PHYSICIAN - 5 | Consultation | <input type="checkbox"/> |
| 8 | CHOLESTEROL - SERUM / PLASMA | Biochemistry | <input type="checkbox"/> |
| 9 | FITNESS BY GENERAL PHYSICIAN | Consultation | <input type="checkbox"/> |
| 10 | ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM | Biochemistry | <input type="checkbox"/> |
| 11 | BLOOD GROUP ABO AND RH FACTOR | Blood Bank | <input type="checkbox"/> |
| 12 | CREATININE, SERUM | Biochemistry | <input type="checkbox"/> |
| 13 | GLUCOSE, FASTING | Biochemistry | <input type="checkbox"/> |
| 14 | UREA - SERUM / PLASMA | Biochemistry | <input type="checkbox"/> |

OPHTHAL PRESCRIPTION

PATIENT NAME : *Arun, Kumar S.D* DATE : *14/9/24*
UHID NO : *171490* AGE : *26y*
OPTOMETRIST NAME: Ms.Swathi GENDER: *M*

This is to certify that I have examined *me, Arun Kumar SD*
26 years and findings of his/her eye examination are as follows,

| | RIGHT EYE | | | | LEFT EYE | | | |
|----------|-----------|----------|----------|------------|----------|----------|----------|------------|
| | SPH | CYL | AXIS | BCVA | SPH | CYL | AXIS | BCVA |
| Distance | <i>—</i> | <i>—</i> | <i>—</i> | <i>6/H</i> | <i>—</i> | <i>—</i> | <i>—</i> | <i>6/H</i> |
| Add | <i>—</i> | <i>—</i> | <i>—</i> | <i>NO</i> | <i>—</i> | <i>—</i> | <i>—</i> | <i>N7</i> |

PD – RE: *—* LE: *—*

Colour Vision: *Normal* *BE*

Remarks: *—*



Apollo clinic Indiranagar

Mr arun kumar
ID: 171490

12.07.1998
26 Years

Male

QRS 100 ms
QT / QTcBaz 370 / 432 ms
PR 120 ms
P 94 ms
RR / PP 728 / 731 ms
P / QRS / T 84 / 73 / 70 degrees

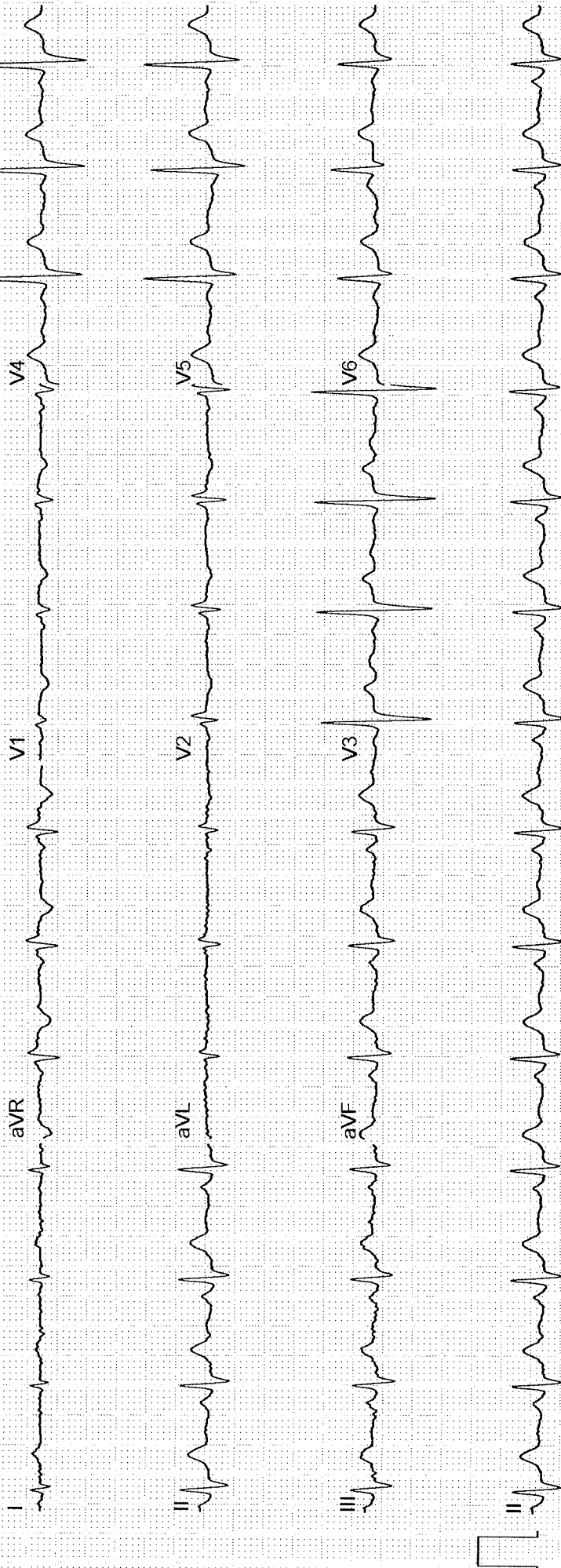
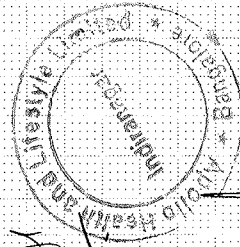
14.09.2024 13:51:45
APOLLO CLINIC
INDIRANAGAR
BANGALORE

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

82 bpm
-- / -- mmHg

W.M.
01





MRNO: CIND.0000171480
Mr. Arun Kumar S D - 28/M



CINDOPV238728 / 1RA240802213
14-09-2024 10:46
STOOL

Apollo Clinic

CONSENT FORM

Patient Name: Mr. Arun Kumar S D Age 28

UHID Number: 171490 Company Name: Unicharm

I Mr/Mrs/Ms Arun Kumar S D Employee of Unicharm

(Company) Want to inform you that I am not interested in getting Stool test

Tests done which is a part of my routine health check package

And I claim the above statement in my full consciousness

Patient Signature: [Signature]

Date: 15/9/24

Dear **Arun Kumar**,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Pre-employment Health Checkup D
Patient Package Name : Pre-Employment Health Checkup Non Facotry
Name of Diagnostic/Hospital : Apollo Clinic - Indiranagar
Address of Diagnostic/Hospital- : 2012,1st floor, Above vision express, Next to Starbucks, 100 feet road, HAL 2nd stage, Indiranagar - 560038
City :
State : Karnataka
Pincode : 560038
Appointment Date : 14-09-2024
Confirmation Status : Booking Confirmed
Preferred Time : 09:00 AM - 09:30 AM
Booking Status : Booking Confirmed

| Member Information | | |
|---------------------------|---------|--------|
| Booked Member Name | Age | Gender |
| Arun Kumar | 26 year | Male |

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.



ಭಾರತ ಸರ್ಕಾರ
Unique Identification Authority of India
Government of India

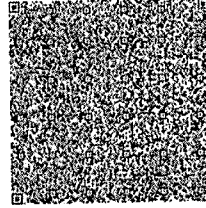
ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrolment No.: 0821/86952/57294

To
ಅರುಣಕುಮಾರ್ ಎಸ್ ಡಿ
Arunkumar S D
S/O Dyavappa
.
Sugatur
Sugatur
Kolar Kamataka - 563101
8549908169

Download Date: 14/08/2018
Generation Date: 01/08/2018

Signature valid

Digitally signed by Arunkumar S D
Arunkumar S D
AUTHORITY: UIDAI
Date: 2018.08.14 12:36:49
IST



QR Code with Photograph

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7901 6485 0089

VID : 9150 8863 7160 3721

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಅರುಣಕುಮಾರ್ ಎಸ್ ಡಿ
Arunkumar S D
ಜನನ ದಿನಾಂಕ/DOB: 12/07/1998
ಪುರುಷ/ MALE

7901 6485 0089

VID : 9150 8863 7160 3721

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

