


<b>Name</b> : Mrs. Rani Jyotshna  <b>Address</b> : ecity  <b>Plan</b> : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 35 Y  <b>Sex</b> : F	<b>UHID</b> :CELE.0000130444  <b>OP Number</b> :CELEOPV344016 <b>Bill No</b> :CELE-OCR-55873 <b>Date</b> : 17.03.2024 09:05
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
<del>1</del>	<del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>	
<del>2</del>	<del>2D ECHO — 11</del>	
<del>3</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
4	GLUCOSE, FASTING — 12	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION — 16	
7	DIET CONSULTATION — 1 with physician	
<del>8</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>9</del>	<del>URINE GLUCOSE (POST PRANDIAL)</del>	
<del>10</del>	<del>PERIPHERAL SMEAR</del>	
<del>11</del>	<del>ECG — 13</del>	
12	LBC PAP TEST- PAPSURE — 16	
<del>13</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
14	DENTAL CONSULTATION	
<del>15</del>	<del>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)</del>	
<del>16</del>	<del>URINE GLUCOSE (FASTING)</del>	
<del>17</del>	<del>HbA1c, GLYCATED HEMOGLOBIN</del>	
<del>18</del>	<del>X-RAY CHEST PA — 9</del>	
19	ENT CONSULTATION — 6	
20	FITNESS BY GENERAL PHYSICIAN	
<del>21</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>22</del>	<del>LIPID PROFILE</del>	
<del>23</del>	<del>BODY MASS INDEX (BMI)</del>	
24	OPHTHAL BY GENERAL PHYSICIAN	
25	ULTRASOUND - WHOLE ABDOMEN — 8	
<del>26</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	



**2-D ECHO-CARDIOGRAPHY DOPPLER & COLOUR DOPPLER REPORT**

**NAME : MRS RANI JYOTSHNA**

**DATE : 17/03/2024**

**AGE/SEX: 35Y/ F**

**REF ; ARCOFEMI**

**UHID:130444**

**\*\*\* MEASUREMENTS & FLOW VELOCITIES AS DEPICTED IN IMAGES OVERLEAF.**

1. NORMAL VALVES.
2. NORMAL FLOW ACROSS ALL VALVES.
3. NO MR/ AR/ TR.
4. NORMAL GREAT VESSELS.
5. NORMAL SYSTEMIC VEINS & AT LEAST 3 PULMONARY VEINS SEEN DRAINING INTO LA.
6. NORMAL SIZED CHAMBERS.
7. NO REGIONAL WALL MOTION ABNORMALITIES.
8. INTACT SEPTAE ( IVS & IAS ).
9. GOOD LV & RV SYSTOLIC FUNCTION.LVEF 60%
10. PERICARDIUM : NORMAL
11. NO OBVIOUS VEGETATION / CLOTS.



**DR. DAYANAND YALIGAR**

**Cardiologist**

***To correlate with clinical findings & other relevant investigations .***

**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

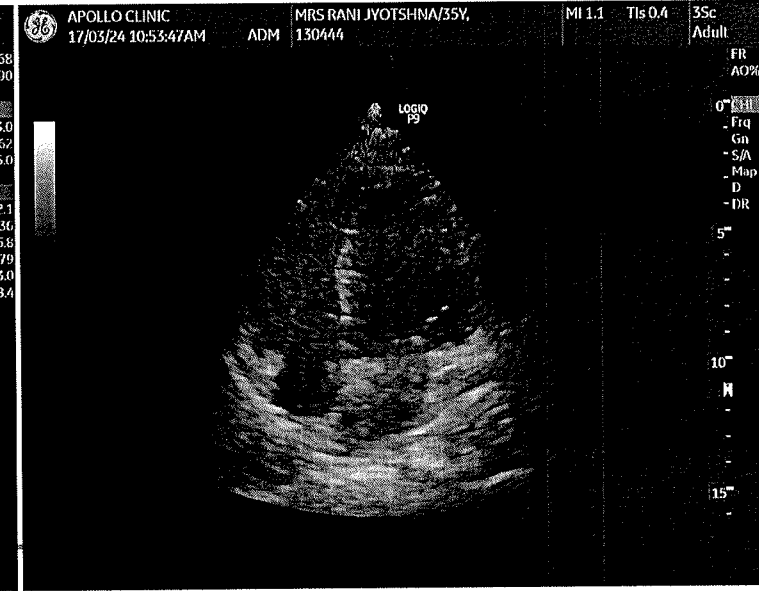
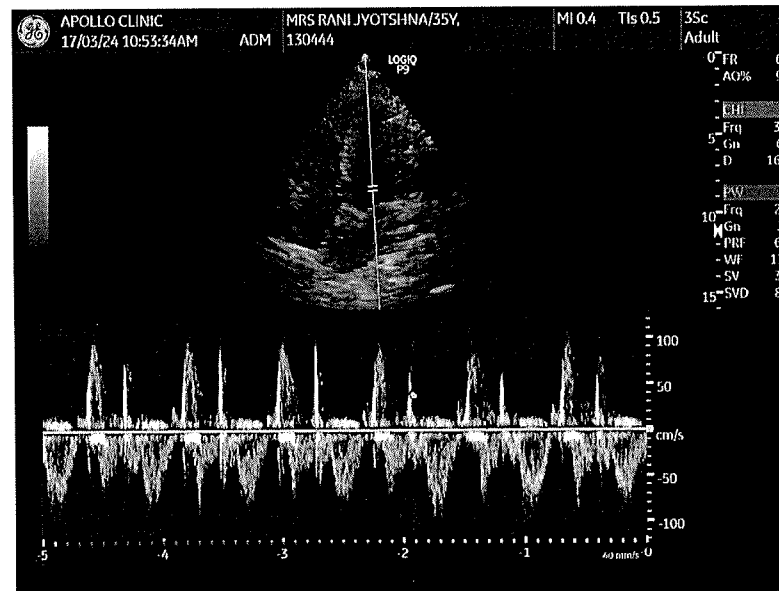
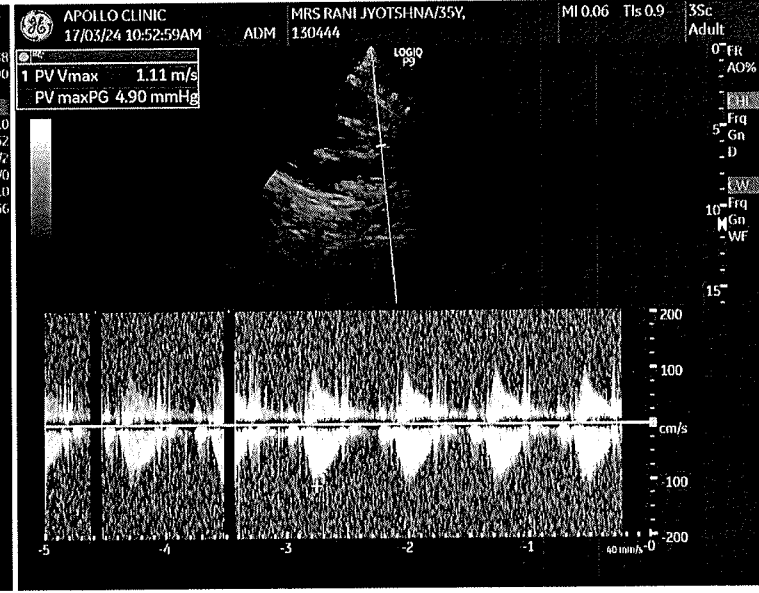
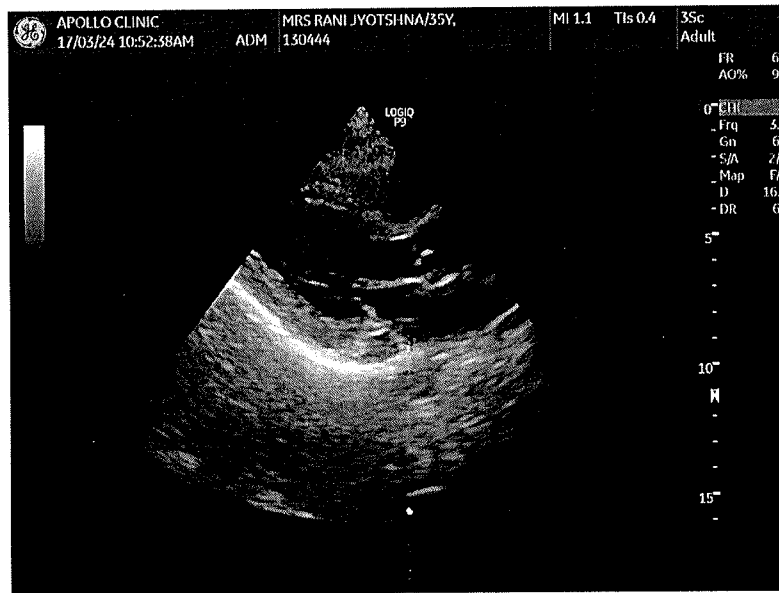
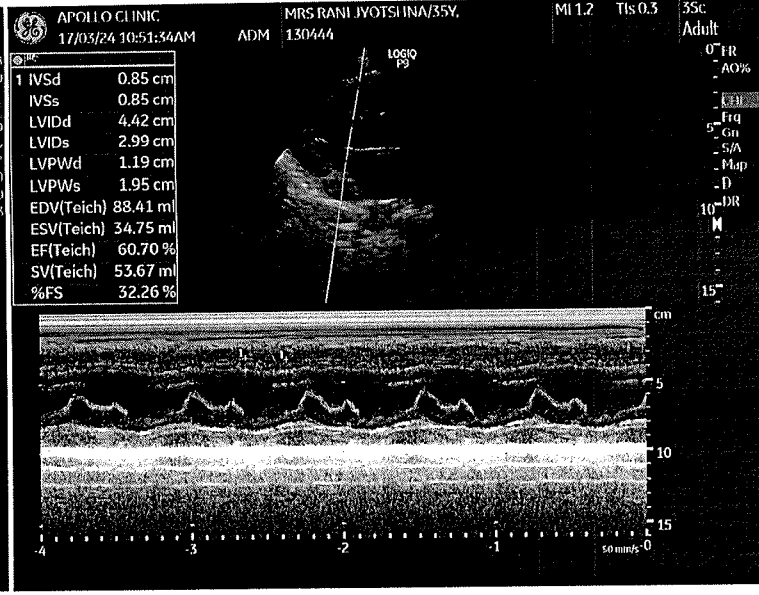
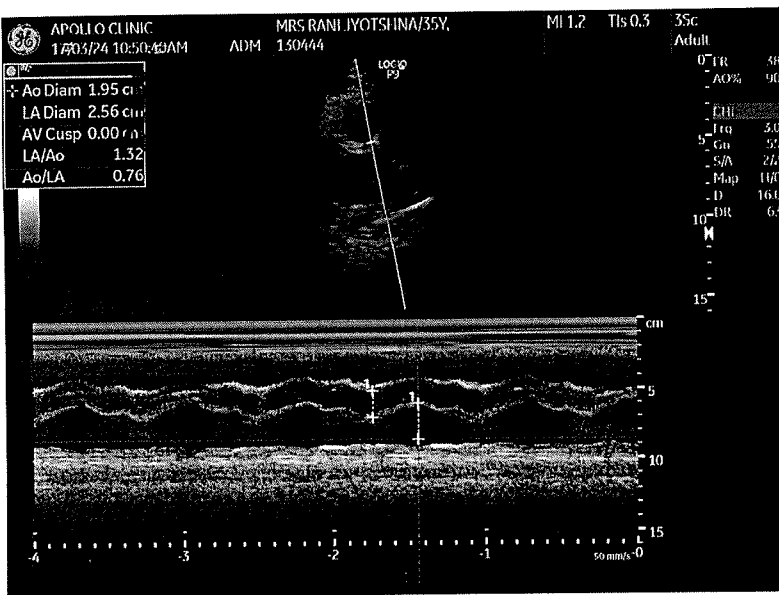
APOLLO CLINICS NETWORK KARNATAKA

**Bangalore** (Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**



(CIN - U85110TG2000PLC115819)

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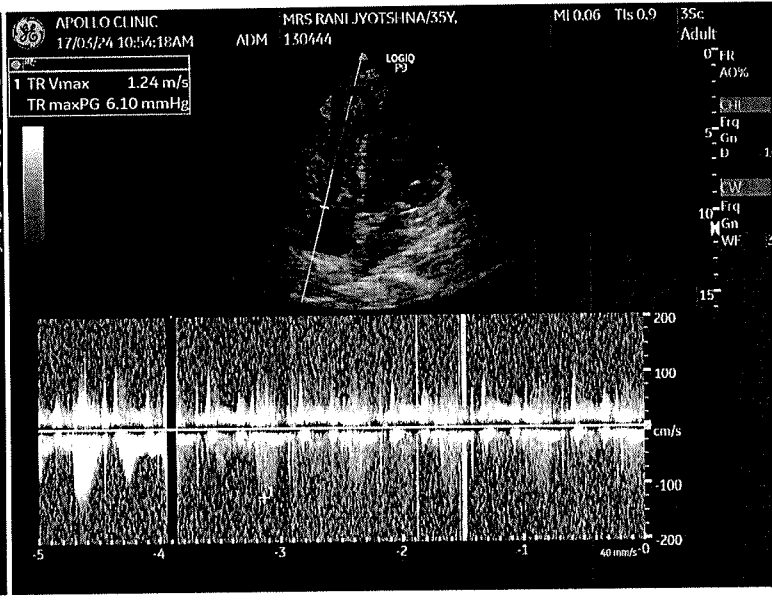
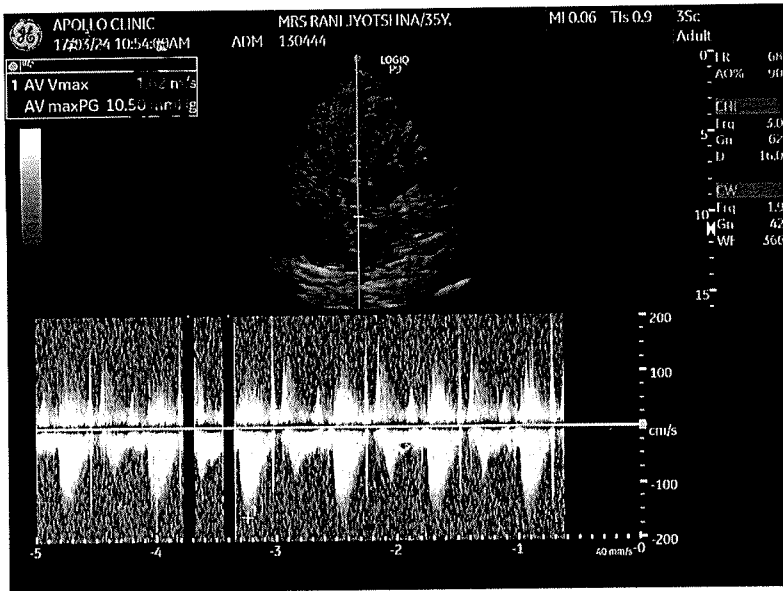
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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**


**Personal Details**  
 UHID: 00XHEI|PU6TN0QR1  
 PatientID: 130444  
 Name: MRS RANI JYOTSHNA  
 Age: 35  
 Gender: Female  
 Mobile: 9708206126

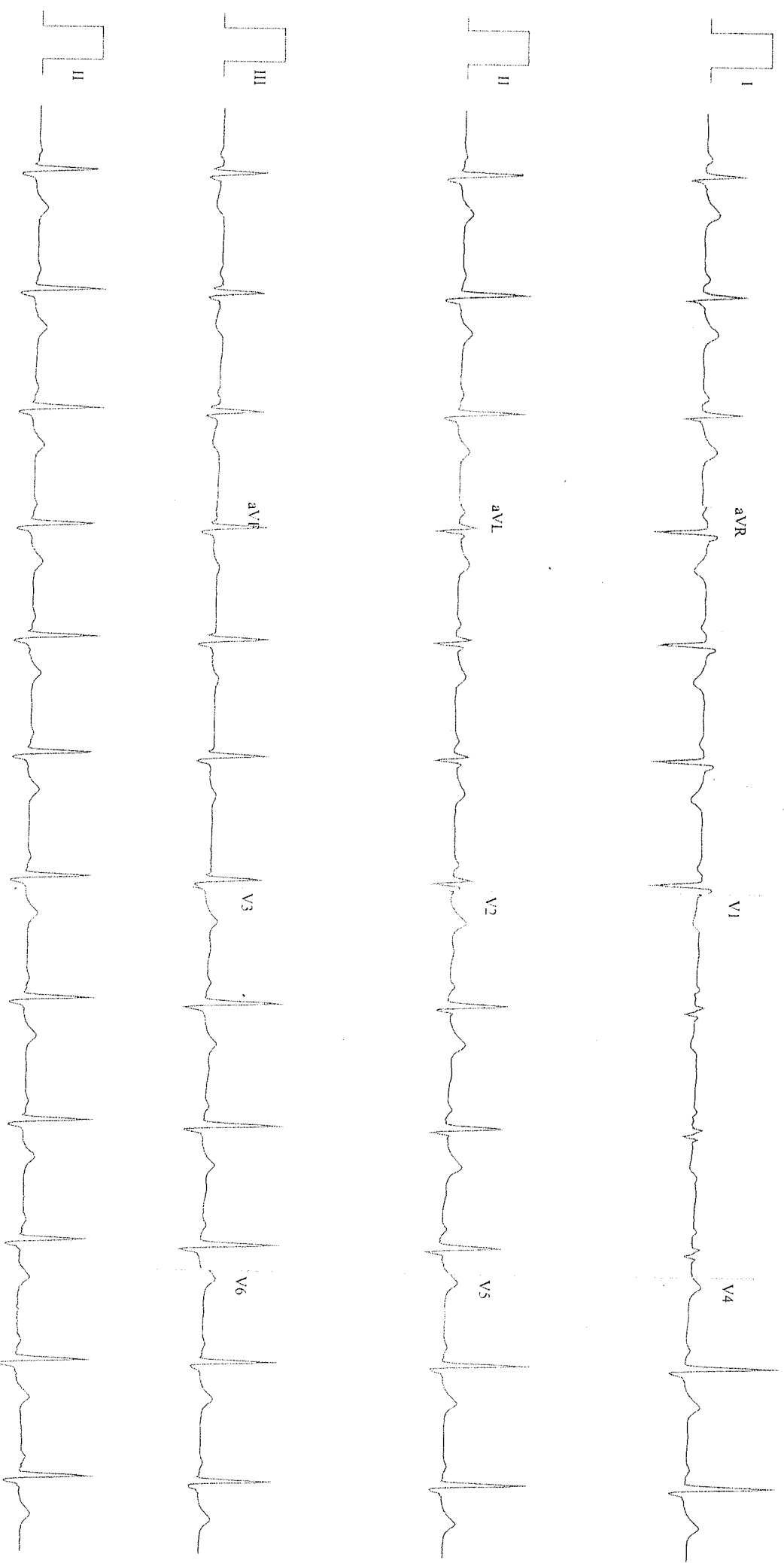
**Pre-Existing Medical-  
 Conditions**

**Vitals**

**Measurements**  
 HR: 75 BPM  
 PR: 141 ms  
 PD: 110 ms  
 QRSD: 107 ms  
 QRS Axis: 53 deg  
 QT/QTc: 381/381 ms

**Interpretation**  
 Normal Sinus Rhythm  
 Normal Axis  
 Nonspecific ST changes

**Apoll**  
 Author:  
  
 Dr. Yogesh  
 M.D. DNB, J  
 Reg. No.- K



Note: This report is based on ECG alone and should be used as an adjunct to clinical history, symptoms and results of other non-invasive tests, and must be interpreted by a qualified physician.  
 Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV  
 Normal ECG does not rule out heart disease. Abnormal ECG does not always mean severe heart disease. Comments & report is based on available data. Clinical correlation is important.

Patient Name	: Mrs. Rani Jyotshna	Age	: 35 Y F
UHID	: CELE.0000130444	OP Visit No	: CELEOPV344016
Reported on	: 17-03-2024 18:17	Printed on	: 17-03-2024 18:17
Adm/Consult Doctor	:	Ref Doctor	: SELF

## DEPARTMENT OF RADIOLOGY

### X-RAY CHEST PA

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

Printed on:17-03-2024 18:17

---End of the Report---



**Dr. VIGNESH K**  
MBBS, MD Radio-Diagnosis  
Radiology

**Health Check up Booking Confirmed Request(bobS15602),Package Code-PKG10000377,  
Beneficiary Code-310803**

Mediwheel &lt;wellness@mediwheel.in&gt;

Fri 3/15/2024 4:17 PM

To:Nikhil Ranjan &lt;NIKHIL.RANJAN@bankofbaroda.com&gt;

Cc:customercare@mediwheel.in &lt;customercare@mediwheel.in&gt;

प्र क्लिक ना करें या अटैचमेंट ना खोलें.

T CLICK ON LINKS OR OPEN ATTACHMENTS UNLESS YOU KNOW THE SENDER.

**011-41195959**Dear **MR. RANJAN NIKHIL,**

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

**Hospital Package Name** : Mediwheel Full Body Health Annual Plus Check

**Patient Package Name** : Mediwheel Full Body Health Checkup Female Below 40

**Name of Diagnostic/Hospital** : Apollo Clinic - Electronic City

**Address of Diagnostic/Hospital-** : Apollo Clinic, 323/100, Opp.Ajmera infinity Apartment, Neeladri Nagar, Electronic city Phase -1, Electronic city - 560100

**City** : Bangalore

**State** :

**Pincode** : 560100

**Appointment Date** : 17-03-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 9:00am

**Booking Status** : Booking Confirmed

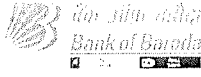
Member Information		
Booked Member Name	Age	Gender
Rani jyotshna	35 year	Female

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.





To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	RANI JYOTSHNA
DATE OF BIRTH	06-01-1989
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	17-03-2024
BOOKING REFERENCE NO.	23M162975100100324S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. RANJAN NIKHIL
EMPLOYEE EC NO.	162975
EMPLOYEE DESIGNATION	CTMU AMLRO
EMPLOYEE PLACE OF WORK	BENGALURU,ZO BENGALURU
EMPLOYEE BIRTHDATE	01-08-1986

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **14-03-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))





सत्यमेव जयते

ಭಾರತ ಸರ್ಕಾರ

Government of India

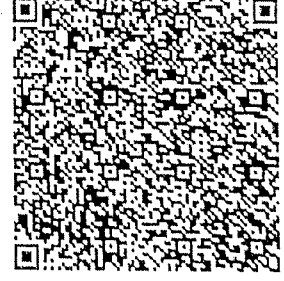


ರಾಣಿ ಜ್ಯೋತ್ಸನಾ

Rani Jyotshna

ಜನ್ಮ ದಿನಾಂಕ / DOB : 06/01/1989

ಸ್ತ್ರೀ / Female



6383 1021 9588

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



# Apollo Clinic

## Consent Form

Patient Name: Ravi Tyotshne Age: 35

UHID Number: 130444 Company Name: Bank of Baroda

I Mr/Mrs/Ms. Ravi Tyotshne w/o Nikhil Panjan Employee of Bank of Baroda

(Company) want to inform you that I am not getting the ENT consultation, crystal test done which is a part of routine health check package. general consultation of USG & gynaecology (on LBC pap test)

Reason if any: I will be visiting on Saturday as doctor is not available

And I claim the above statement in my full consciousness.

Patient signature: Ravi Tyotshne Date: 17/3/2024