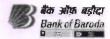


P. 8hlg CANN- 227789 OCA- 96005



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	LAKSHMI PALAMANI		
DATE OF BIRTH	31-12-1985		
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	08-07-2023		
BOOKING REFERENCE NO.	23S177247100061528S		
	SPOUSE DETAILS		
EMPLOYEE NAME	MR. P MUNI KRISHNA		
EMPLOYEE EC NO.	177247		
EMPLOYEE DESIGNATION	HEAD CASHIER "E"_II		
EMPLOYEE PLACE OF WORK	CHENNAI,KOVILPATHAGAI		
EMPLOYEE BIRTHDATE	22-06-1978		

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 **08-06-2023** 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))







30/9/23

Mas.	Lakshmi Pal	amouni	37/F
Height:	Weight:	BMI:	Waist Circum:
Temp:	Pulse:	Resp:	B.P:

General Examination / Allergies History

Patient advised [OPCs], Scaling restorations, extraction of

Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.



## **OPHTHALMOLOGY**



Name: Lalishmi Palamane Occupation: Sex: Male Female Address: Ph:	Ref. Physician:	23 Reg. No. 227789
REPORT ON O	PHTHALMIC EXAMINA	ATION
History:	Nic	
Present Complaint:	N.a.	
ON EXAMINATION:	RE	LE
Ocular Movements : Anterior Segment :	Tull	Treel.
Intra-Ocular-Pressure : Visual Acuity: D.V. : Without Glass :	N	$\mathcal{N}$
With Glass : N.V. :	6/6	6/6
Visual Fields : Fundus :	No	No
Impression : Advice :	File	Full
Colour Vision :	N	$\mathcal{N}$









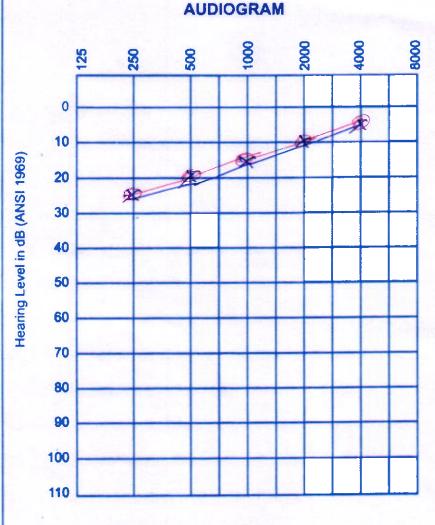
### AUDIOLOGY CASE RECORD

Name: Lakshani Palamani

Hosp. Regn. No.

Age: 37ys Apollo Medical Sex: F Centre Expertise. Claser to you.





### **AUDIOGRAM KEY**

Modality	Right	Left
AC Earphone Unmasked Masked	О Д	×
No Response-Ac Unmasked Masked	•	×
Bc-Mastoid Unmasked Masked	< [	>
No Response BC-Mastoid UnMasked Masked	5	7
Colour Code	Red	Blue

**Findings** 

R: 15dBH.

Bilateral Normal Hearing Sensitivity

Signature





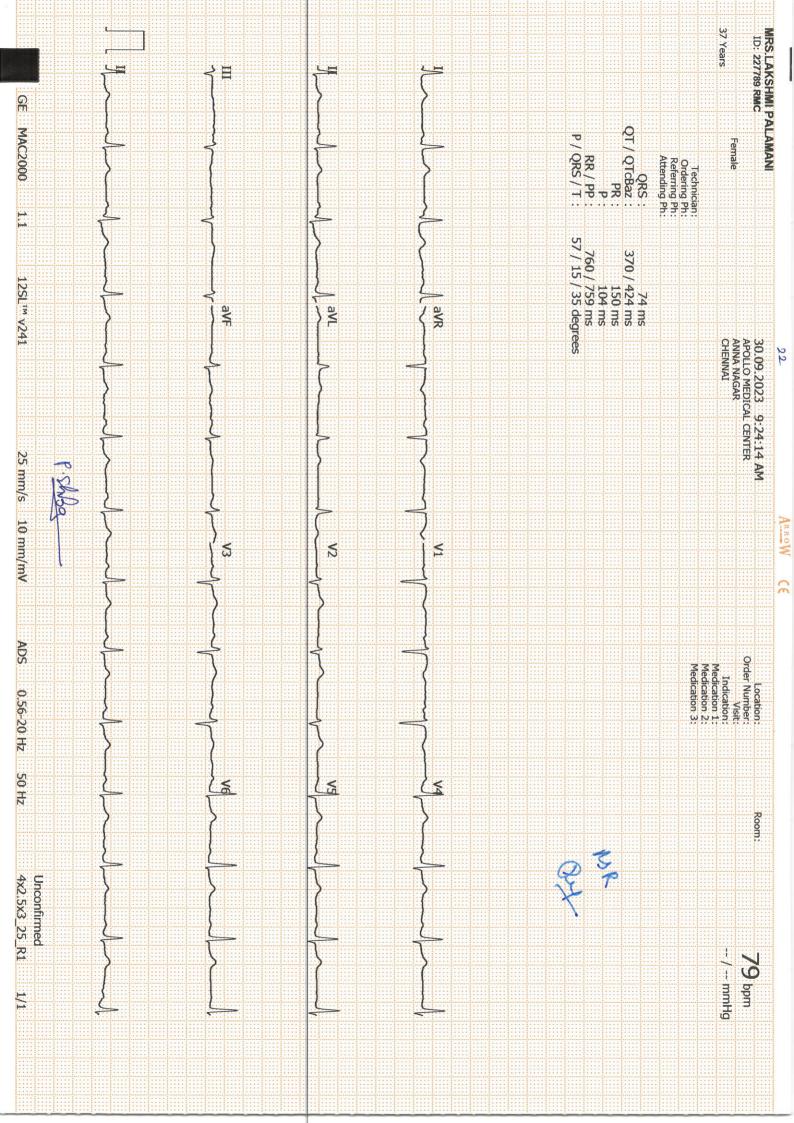
# **Apollo Clinic**

### **CONSENT FORM**

Patient Name: Haw. Lakshmi Palamin Age: 37/6
UHID Number: 22 7789 Company Name:
I Mr/Mrs/Ms Laleshmi Palamani Employee of Renda (Company) Want to inform you that Ram not interested in getting Ent on Ruseu
(Company) Want to inform you that Ram not interested in getting Ent on Ru'eu
Tests done which is a part of my routine health check package.
And I claim the above statement in my full consciousness.
20/0/2
Patient Signature: P. Shile Date: 30/9/23
d Centre
Medica, Nonue, 105
Apollo Ellock Chema 735839
No. Nagar East, Mosoo 7
Apollo Medical Centre  Apollo Medical Centre  No. 30. F. Block. Chennal, 600, 102  No. 30. F. East. Chennal, 7358392880  Anna Nagar East. Mobile 7788  Anna Nagar East. Mobile 7788

Apollo Health and Lifestyle Limited (CIN-U851101G2000PIC115819) Regd. Office: 1-10-6042, Ashoka Raghupaths Chambers, 9th Fleer, Begumpet, Hydershod. Telan www.apolishl.com | Email IO: empirythapolishl.com, Ph Nor. 840-8904 7777, Fax Nor. 4904 7744





UHID : CANN.0000227789 OP Visit No : CANNOPV372602 Reported By: : Dr. ARULNITHI AYYANATHAN Conducted Date : 30-09-2023 14:05

Referred By : SELF

### **ECG REPORT**

$\alpha$			•	
()h	ser	vati	on	:-

- 1. Normal Sinus Rhythm.
- 2. Heart rate is 79 beats per minutes.

### **Impression:**

NORMAL RESTING ECG.

---- END OF THE REPORT -----

Dr. ARULNITHI AYYANATHAN

UHID : CANN.0000227789 OP Visit No : CANNOPV372602 Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 30-09-2023 14:45

Referred By : SELF

### **2D-ECHO WITH COLOUR DOPPLER**

**Dimensions:** 

**Ao (ed)** 2.8CM

LA (es) 3.4CM

LVID (ed) 3.3CM

LVID (es) 3.2 CM

IVS (Ed) 0.8 CM

LVPW (Ed) 0.9 CM

EF 65.00%

%FD 35.00%

MITRAL VALVE: NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

UHID : CANN.0000227789 OP Visit No : CANNOPV372602 Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 30-09-2023 14:45

Referred By : SELF

INTER ATRIAL SEPTUM NORMAL

**INTER VENTRICULAR** 

SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

**LEFT VENTRICLE:** 

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR FUNCTION

**COLOUR AND DOPPLER STUDIES** 

E/A-E: 0.8m/sec A: 0.7m/sec

**VELOCITY ACROSS THE PULMONIC VALVE 1.1/5m/sec** 

**VELOCITY ACROSS THE AV 1.1/5m/sec** 

IMPRESSION NO RWMA

UHID : CANN.0000227789 OP Visit No : CANNOPV372602 Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 30-09-2023 14:45

Referred By : SELF

NORMAL LV FUNCTION( EF-65%)

NORMAL CHAMBER DIMENSION

**NORMAL VALVES** 

NO MITRAL REGURGITATION

NO AORTIC REGURGITATION

TRIVIAL TRICUSPID REGURGITATION WITH NO PAH.

Dr. RAKESH P GOPAL