

Health Check up Booking Request(43E1453)

1 message

Medsave <it@medsave.in>  
To: healthcareshridurga@gmail.com  
Cc: customercare@mediwheel.in

18 October 2024 at 15:21



011-41195959

Dear Shri Durga Healthcare

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

**You confirm this booking?**    Yes    No

**Name** : MONICA SOBTI

**Proposal No** : 4364

**Branch Code** : 129

**Contact Details** : 9810421829

**Location** : D63, Har Gyan Singh Arya Marg, South Extension I, Block D, New Delhi, Delhi 110049

**Appointment Date** : 19-10-2024

Member Information		
Booked Member Name	Age	Gender
MONICA SOBTI	48 year	Female

**Included Test -**

- Urine Analysis
- Hb%
- SBT-13 with Elisa Method HIV test
- ECG
- Physical Medical Examination Report (PMER) Rs. 15,00,001 to Rs. 24,99,999

Thanks,  
Medsave  
Team




**भारत सरकार**  
**Government of India**


**मोनिका सोबती**  
**Monica Sobti**  
**जन्म तिथि / DOB 18/08/1978**  
**महिला / Female**



**9427 9409 5238**

**आधार - आम आदमी का अधिकार**


**भारतीय विशिष्ट पहचान प्राधिकरण**  
**Unique Identification Authority of India**

**पता:**  
**D/O: एच.सी. सोबती, 1458,**  
**सेक्टर-15, पार्ट-2, गुरुगांव, गुरुगांव,**  
**गुरुगांव, हरियाणा, 122001**

**Address:**  
**D/O: H.C. Sobti, 1458,**  
**SECTOR-15, PART-2, Gurgaon,**  
**Gurgaon, Haryana, 122001.**

**9427 9409 5238**

 1800 300 1234  
 help@uidai.gov.in  
 www.uidai.gov.in

**Dr. Preeti Dhiman**  
**M.B.B.S.**



M Sobti



To,  
LIC of India  
Branch Office

Date: 19/10/24

Proposal No. 129 4364

Name of the Life to be assured Monica Sobti

The Life to be assured was identified on the basis of Aadhar

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which reports are enclosed. The Life to be assured has signed as below in my presence.

Signature of the Pathologist Doctor

Name:

I confirm, I was on fasting for last 10 (ten) hours. All the Examination / tests as mentioned below were done with my consent.

Mohit  
(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	<input checked="" type="checkbox"/>	PHYSICIAN'S REPORT	
COMPUTERISED TREADMILL TEST		IDENTIFICATION & DECLARATION FORMAT	
HAEMOGRAM		MEDICAL EXAMINER'S REPORT	<input checked="" type="checkbox"/>
LIPIDOGRAM		BST (Blood Sugar Test-Fasting & PP) Both	
BLOOD SUGAR TOLERANCE REPORT		FBS (Fasting Blood Sugar)	
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)	<input checked="" type="checkbox"/>	PGBS (Post Glucose Blood Sugar)	
ROUTINE URINE ANALYSIS	<input checked="" type="checkbox"/>	Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		Hb%	<input checked="" type="checkbox"/>
ELISA FOR HIV		Other Test	

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,



**LIC****MEDICAL EXAMINER'S REPORT**

Form No LIC03-001 (Revised 2020)

LIC LIC03-001 (Revised 2020)

 Branch Code: 129  
 Proposal/ Policy No: 4264  
 MSP name/code: 6018  
 Date & Time of Examination: 19/10/24  
 Medical Diary No & Page No:

 Mobile No of the Proposer/Life to be assured: \_\_\_\_\_  
 Identity Proof verified: Aadhar ID Proof No: 5238  
 (In Case of Aadhaar Card, please mention only last four digits)

[ Note: Mobile number and identity proof details to be filled in above. For Physical MER, Identity Proof is to be verified and stamped.]

For Tele/ Video MER, consent given below is to be recorded either through email or audio/video message. For Physical Examination the below consent is to be obtained before examination.

"I would like to inform that this call with/ visit to Dr. Preeti (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

Signature/ Thumb impression of Life to be assured  
 (In case of Physical Examination)

1 Full name of the life to be assured: Monica Sobti  
 2 Date of Birth: 16/8/76 Age: 48 Gender: Female  
 3 Height (In cms): 158 Weight (in kgs): 62  
 4 Required only in case of Physical MER

Pulse: 80 Blood Pressure (2 readings):  
 1. Systolic 128 Diastolic 82  
 2. Systolic 128 Diastolic 82

**ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED**

If answer/s to any of the following questions is Yes, please give full details and ask life to be assured to submit copies of all treatment papers, investigation reports, histopathology report, discharge card, follow up reports etc. along with the proposal form to the Corporation

<p>5 a. Whether receiving or ever received any <b>treatment/ medication</b> including alternate medicine like ayurveda, homeopathy etc ?          b. Undergone any <b>surgery / hospitalized</b> for any medical condition / disability / injury due to accident?          c. Whether visited the doctor any time in the last 5 years ?          If answer to any of the questions 5(a) to (c) is yes -          i. Date of surgery/accident/injury/hospitalisation          ii. Nature and cause          iii. Name of Medicine          iv. Degree of impairment if any          v. Whether unconscious due to accident, if yes, give duration</p>	<p>NO</p>
<p>6 In the last 5 years, if advised to undergo an X-ray/ CT scan / MRI / ECG / TMT / Blood test / Sputum/Throat swab test or any other investigatory or <b>diagnostic tests</b>?          Please specify date, reason, advised by whom &amp; findings.</p>	<p>NO</p>
<p>7 Suffering or ever suffered from <b>Novel Coronavirus (Covid-19)</b> or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhoea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days.          If yes provide all investigation and treatment reports</p>	<p>NO</p>



Dr. PREETI DHIMAN  
 P.M.B.S



8	<p>a. Suffering from <b>Hypertension</b> (high blood pressure) or <b>diabetes</b> or blood sugar levels higher than normal or history of sugar /albumin in urine?</p> <p>b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?</p> <p>c. Whether on medication? please give name of the prescribed medicine and dosage</p> <p>d. Whether developed any complications due to diabetes?</p> <p>e. Whether suffering from any other <b>endocrine disorders</b> such as thyroid disorder etc.?</p> <p>f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?</p>	NO
9	<p>a. Any history of chest pain, <b>heartattack</b>, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from <b>high cholesterol</b>?</p> <p>c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.</p> <p>d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?</p>	NO
10	Suffering or ever suffered from any disease related to <b>kidney</b> such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	NO
11	Suffering or ever suffered from any <b>Liver disorders</b> like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any <b>lung related</b> or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	NO
12	Suffering or ever suffered from any <b>Blood disorder</b> like anaemia, thalassemia or any Circulatory disorder?	NO
13	Suffering or ever suffered from any form of <b>cancer</b> , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	NO
14	Suffering or ever suffered from Epilepsy, <b>nervous disorder</b> , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	NO
15	Suffering or ever suffered from any <b>physical impairment/</b> disability /amputation or any congenital disease/abnormality or disorder of back, neck, muscle, joints, bones, arthritis or gout?	NO
16	Suffering or ever suffered from Hernia or <b>disorder of the Stomach</b> / intestines, colitis, indigestion, Peptic ulcer, piles, or any other disease of the gall bladder or pancreas?	NO
17	<p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / <b>psychiatric disorder</b>?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	NO NO
18	Is there any <b>abnormality</b> of <b>Eyes</b> (partial/total blindness), Ears (deafness/ discharge from the ears), Nose, Throat or Mouth, teeth, swelling of gums / tongue, tobacco stains or signs of oral cancer?	-1.75 / x 0 D/E
19	Whether person being examined and/ or his/her spouse/partner tested positive or is/ are under treatment for <b>HIV /AIDS Sexually transmitted diseases</b> (e.g. syphilis, gonorrhoea, etc.)	NO
20	Ascertain if any other condition / disease / adverse habit (such as <b>smoking/ tobacco chewing/ consumption of alcohol/drugs</b> etc) which is relevant in assessment of medical risk of examinee.	NO



Dr. Preeti Dwivedi  
M.B.B.S



For Female Proponents only		
i	Whether pregnant? If so duration.	NO
ii	Suffering from any pregnancy related complications	NO
iii	Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaec ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same	NO

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	yes
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Declaration

You Mr/Ms monica sobti declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. We thank you for having taken the time to confirm the details. The information provided will be passed on to Life Insurance Corporation of India for further processing.

Mobli

Signature/Thumb impression of Life to be assured  
(In case of Physical Examination)

I hereby certify that I have assessed/ examined the above life to be assured on the \_\_\_ day of \_\_\_ 20\_\_\_ vide Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the aforesaid questions as ascertained from the life to be assured.

Place:  
Date:  
Stamp:

ND

19/10/24

DR. SURESH DHIMAN  
Signature of Medical Examiner  
Name & Code No:



**LIFE INSURANCE CORPORATION OF INDIA**

Zone

Division

Branch

Proposal No.

Agent/D.O. Code:

Full Name of Life to be assured:

Monica Sobti

Age/Sex

: 48 / F

**ELECTROCARDIOGRAM**

**ANNEXURE- 1**

LIC03-002

Instructions to the Cardiologist:

- i. Please satisfy yourself about the identity of the examiners to guard against impersonation
- ii. The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings.
- iii. The base line must be steady. The tracing must be pasted on a folder.
- iv. Rest ECG should be 12 leads along with Standardization slip, each lead with minimum of 3 complexes, long lead II. If L-III and AVF shows deep Q or T wave change, they should be recorded additionally in deep inspiration. If V1 shows a tall R-Wave, additional lead V4R be recorded.

**DECLARATION**

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated \_\_\_\_\_ given by me to LIC of India.

Witness

Signature or Thumb Impression of L.A.

**Note :** Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

- i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- iii. Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N

If the answer/s to any/all above questions is -Yes, submit all relevant papers with this form.

Dated at K/D on the day of 19/10/24 20 24

Signature of L.A.

Clinical findings  
(A)

Signature of the Cardiologist

Name & Address

Qualification

Code No.



Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
158	62	128/82	80

(B) Cardiovascular System

HAD

Rest ECG Report:

Position	Supine	P Wave	✓
Standardisation Imv	✓	PR Interval	✓
Mechanism	✓	QRS Complexes	✓
Voltage	✓	Q-T Duration	✓
Electrical Axis	✓	S-T Segment	✓
Auricular Rate	60/✓	T-wave	✓
Ventricular Rate	60/✓	Q-Wave	✓
Rhythm	Sinus		
Additional findings, if any.	No		

Conclusion:

WNL

Dated at

ND on the day of 19/10/24 2024

Signature of the Cardiologist

Name & Address

Qualification

Code No.





# SHRI DURGA HEALTH CARE



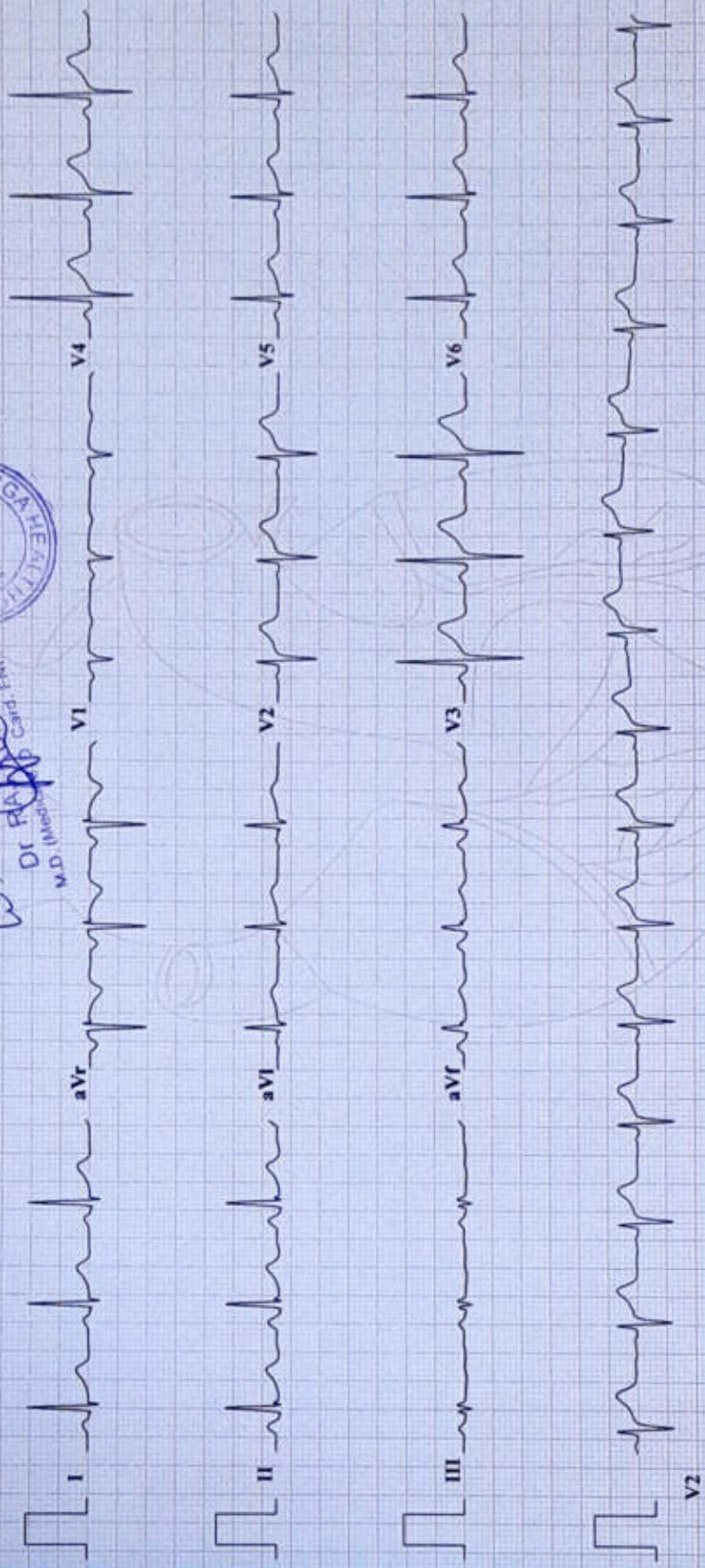
**Ms. MONICA SOBTI**  
 LD : 60  
 AGE/SEX : 48 Yr / F  
 HT/WT : /  
 DATE : 19-10-2024 10:08:27 AM  
 REF BY : Dr.

**MACHINE INTERPRETATION : Normal ECG.**

**Linked Median**  
 RATE : 89 bpm  
 BP : N/A  
 P Axis : 56 deg  
 QRS Axis : 31 deg  
 T Axis : 26 deg  
 P Duration : 109 ms  
 PR Duration : 135 ms  
 QRS Duration : 66 ms  
 QT Interval : 323 ms  
 QTc Interval : 370 ms  
 Speed : 25 mm/s  
 Sensitivity : 10 mm/mV



*W.N.*  
**Dr. RAJANVAR**  
 M.D. (Internal Medicine)



Filtered(35 Cycle) And Base Corrected

Dr.



# Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	MONICA SOBTI	Sex:	FEMALE
Lab. No:	202401002	Age:	48
Date:	19/10/2024	Ref. By	LIC

Test Name	SBT13	Unit	Normal Value
FBS	101	mg/dl	70 - 110
Total Cholesterol	152	mg/dl	120 - 220
High Density Lipid (HDL)	42	mg/dl	35-70
Low Density Lipid (LDL)	82	mg/dl	50 - 150
S. Triglycerides	136	mg/dl	25 - 160
S. Creatinine	0.8	mg/dl	0.7 - 1.4
Bool Urea Nitrogen (BUN)	15	mg/dl	6.0 - 21
S. Protien	7.6	g/dl	6.4 - 8.2
Albumin	4.4	g/dl	3.4 - 5.0
Globulin	3.2	g/dl	2.3 - 3.3
A:G Ratio	1.3	g/dl	
S. Bilirubin	0.7	mg/dl	0.1 - 1.00
Direct	0.3	mg/dl	0.00 - 0.3
Indirect	0.4	mg/dl	0.00 - 0.7
SGOT(AST)	30	IU/L	5 - 40
SGPT(ALT)	38	IU/L	5 - 45
GGTP(GGT)	45	IU/L	11 - 50
S. Alkaline Phosphatase	106	IU/L	15 - 112
HIV 1&2 Elisa (Method)	NEGATIVE	-	NEGATIVE
HbsAg (Australia antigen)	NEGATIVE	-	NEGATIVE

## HAEMATOLOGY

Test Name	Value	Unit	Normal Value
Hemoglobin (HB)	12.9	mg/dl	13.2 - 16.2 (M) 12.0 - 15.2 (F)



D-63, Ground Floor, South Exn. Part-1, Near Barat Ghar, New Delhi-110049

Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

Note Valid For Medico-legal Purposes

Home Sample Collection Facility Available | Timing : 8:00 am To 8: Pm (Sunday Open)



# Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	MONICA SOBTI	Sex:	FEMALE
Lab. No:	202401002	Age:	48
Date:	19/10/2024	Ref. By	LIC

## URINE ROUTINE EXAMINATION

### PHYSICAL EXAMINATION

<u>TEST NAME</u>	<u>VALUE</u>	<u>NORMAL VALUE</u>
Color	P.Yellow	P.Yellow
Quantity	15ml	
Appearance	Clear	Clear
Reaction	Acidic	Acidic
Deposits	Nil	Nil
Specific Gravity	1.025	1.010 - 1.030

### CHEMICAL EXAMINATION

Albumin	Nil	Nil
Sugar	Nil	Nil

### MICROSCOPIC EXAMINATION

Pus Cells	2-3	0-5 /HPF
Epithelial Cells	2-4	0-5 /HPF
RBCs	Nil	Nil /HPF
Crystals	Nil	Nil
Cast	Nil	Nil
Bacteria	Nil	Nil
Others	Nil	Nil



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**Adurga** HEALTHCARE  
(CHAUDHARY DURGA SINGH)  
HEALTHCARE PRIVATE LIMITED

DR. SARVOD  
DR. BANSAL  
DR. POOJA



GPS Map Camera



**New Delhi, Delhi, India**  
D-63, near Bank of Baroda, South Extension I, Block D, New Delhi, Delhi 110003,  
India  
Lat 28.672248°  
Long 77.221445°  
19/10/24 10:15 AM GMT +05:30

Dr. PREET *[Signature]*  
M.B.B.S

