



anurag sri <anurag.idc@gmail.com>

Health Check up Booking Confirmed Request(bobE45195),Package Code-PKG10000238, Beneficiary Code-59541

1 message

Mediwheel <wellness@mediwheel.in>
To: anurag.idc@gmail.com
Cc: customercare@mediwheel.in

Fri, Aug 25, 2023 at 11:14 PM



Mediwheel
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Hi **Chandan Healthcare Limited,**

Diagnostic/Hospital Location : **Indradeep Complex, Sanjay Gandhi Puram, City: Lucknow**

We have received the confirmation for the following booking .

Beneficiary Name : PKG10000238

Beneficiary Name : MR. CHAURASIA NITIN

Member Age : 35

Member Gender : Male

Member Relation : Employee

Package Name : Full Body Health Checkup Male Below 40

Location : JAGATPUR, Uttar Pradesh-229402

Contact Details : 83829 37303

Booking Date : 25-08-2023

Appointment Date : 27-08-2023

Instructions to undergo Health Check:

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

For Women:

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

We request you to facilitate the employee on priority.

27/8/23
PC-2613



© 2023-2024, Arcofemi Healthcare Limited.

 बैंक ऑफ़ बड़ौदा
Bank of Baroda

नाम - नितिन चौरसिया
Name - NITIN CHAURASIA

कर्मचारी कूट क्र - 106099
E.C. No. - 106099

आरीकर्ता प्राधिकारी
Issuing Authority



Nitin
धारक के हस्ताक्षर
Signature of Holder

8382937303

RA





LETTER OF APPROVAL / RECOMMENDATION

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 employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. CHAURASIA NITIN
EC NO.	106099
DESIGNATION	BRANCH HEAD
PLACE OF WORK	MADHUPURI
BIRTHDATE	08-04-1985
PROPOSED DATE OF HEALTH CHECKUP	27-08-2023
BOOKING REFERENCE NO.	23S106099100067800E

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 **25-08-2023** 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 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))