



LABORATORY REPORT



Name : **Mrs. SHABEENA BANO** Sex/Age : **Female / 32 Years** Case ID : **30708000746**
 Ref. By : **MEDIWHEEL FULL BODY HEALTH CHECKUP** Dis. At : Pt. ID :
 Bill. Loc. : **SPH OPD** Pt. Loc. :

Reg Date and Time : **22-Jul-2023 09:04** Sample Type : **Whole Blood EDTA** Mobile No. :
 Sample Date and Time : **22-Jul-2023 09:04** Sample Coll. By : **non** Ref Id1 :
 Report Date and Time : **22-Jul-2023 10:42** Acc. Remarks : Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES				
Haemoglobin (Colorimetric)	12.7	G%	12.00 - 15.00	
RBC (Electrical Impedance)	4.66	millions/cumm	3.80 - 4.80	
PCV(Calc)	41.15	%	36.00 - 46.00	
MCV (RBC histogram)	88.3	fL	83.00 - 101.00	
MCH (Calc)	27.3	pg	27.00 - 32.00	
MCHC (Calc)	L 30.9	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	12.10	%	11.00 - 16.00	

TOTAL AND DIFFERENTIAL WBC COUNT				
Total WBC Count	7200	/µL	4000.00 - 10000.00	
Neutrophil	57	%	40.00 - 70.00	EXPECTED VALUES [Abs] 4104 /µL 2000.00 - 7000.00
Lymphocyte	36	%	20.00 - 40.00	2592 /µL 1000.00 - 3000.00
Eosinophil	02	%	1.00 - 6.00	144 /µL 20.00 - 500.00
Monocytes	05	%	2.00 - 10.00	360 /µL 200.00 - 1000.00
Basophil	00	%	0.00 - 2.00	0 /µL 0.00 - 100.00

PLATELET COUNT				
Platelet Count	264000	/µL	150000.00 - 410000.00	
MPV	H 12.20	fL	6.5 - 12	
PDW	H 16.5		8 - 13	

Method:
 TLC-SF cube technology(Flow Cytometry+ fluorescence),
 DC by microscopy,
 Platelet count by electrical impedance+/-SF cube technology

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Shweta Patel
Dr. Shweta Patel
 Consultant Pathologist
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Sample Date and Time : 22-Jul-2023 09:04	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 22-Jul-2023 11:40	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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HAEMATOLOGY INVESTIGATIONS

ESR <i>Westergren Method</i>	H 26	mm after 1hr	3 - 20	
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**BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology)
(Both Forward and Reverse Group)**

ABO Type	A
Rh Type	POSITIVE

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh A-Abnormal)

(Signature)

Dr. Shweta Patel
Consultant Pathologist

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 Bill. Loc. : SPH OPD Pt. Loc. :

Reg Date and Time : 22-Jul-2023 09:04 Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum Mobile No. :
 Sample Date and Time : 22-Jul-2023 09:04 Sample Coll. By : non Ref Id1 :
 Report Date and Time : 22-Jul-2023 10:43 Acc. Remarks : Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <i>Photometric, Hexokinase</i>	H 137.28	mg/dL	70 - 100	FUS: NIL
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	133.02	mg/dL	70 - 140	PPUS: Trace
BUN (Blood Urea Nitrogen) <i>GLDH</i>	8.5	mg/dL	7.00 - 18.70	
Creatinine <i>Jaffe compensated</i>	L 0.50	mg/dL	0.55 - 1.02	
Uric Acid <i>Uricase-Peroxidase method</i>	H 6.23	mg/dL	2.6 - 6.2	

Note: (LL-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)

[Signature]

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 Consultant Pathologist

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	191.11	mg/dL	110 - 200	
HDL Cholesterol	52.6	mg/dL	40 - 60	
Triglyceride <i>GPO-POD</i>	135.02	mg/dL	40 - 200	
VLDL <i>Calculated</i>	27.00	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	3.63		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	H 111.51	mg/dL	65 - 100	

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	-	High 200-499
High 160-189	-	-	-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value
Risk assesment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
Liver Function Test				
S.G.P.T. <i>IFCC</i>	33.99	U/L	0 - 59	
S.G.O.T. <i>IFCC</i>	24.79	U/L		
Alkaline Phosphatase <i>Modified IFCC method</i>	100.02	U/L	40 - 150	
Proteins (Total) <i>Buret</i>	7.76	g/dL	6.4 - 8.2	
Albumin <i>Bromo Cresol Green</i>	H 5.19	g/dL	3.4 - 5.0	
Globulin <i>Calculated</i>	2.57	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	2.0		1.0 - 2.1	
Bilirubin Total <i>Diazotized Sulfanilic Acid Method</i>	0.83	mg/dL	0.2 - 1.0	
Bilirubin Conjugated <i>Diazotized Sulfanilic Acid Method</i>	0.27	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.56	mg/dL	0 - 0.8	

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Bill. Loc. : SPH OPD		Pt. Loc. :
Reg Date and Time : 22-Jul-2023 09:04	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 22-Jul-2023 09:04	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 22-Jul-2023 10:45	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C <i>Immunoturbidimetric</i>	H 6.4	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	136.98	mg/dL		

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :
 HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.
 Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
 Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
 Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.
 In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.
 The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

[Signature]
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 Consultant Pathologist
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Bill. Loc. : SPH OPD		Pt. Loc. :
Reg Date and Time : 22-Jul-2023 09:04	Sample Type : Serum	Mobile No. :
Sample Date and Time : 22-Jul-2023 09:04	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 22-Jul-2023 11:49	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
Thyroid Function Test				
Triiodothyronine (T3) CLIA	1.51	ng/mL	0.69 - 2.15	
Thyroxine (T4) CLIA	87.4	ng/mL	52 - 127	
TSH CLIA	4.20	µIU/mL	0.3 - 4.5	

INTERPRETATIONS

Useful for Monitoring patients on thyroid replacement therapy, Confirmation of thyroid-stimulating hormone (TSH) suppression in thyroid cancer patients on thyroxine therapy, for Prediction of thyrotropin-releasing hormone-stimulated TSH response, as An aid in the diagnosis of primary hyperthyroidism, for Differential diagnosis of hypothyroidism.

The ability to quantitate circulating levels of thyroid-stimulating hormone (TSH) is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. Concentrations of 5.1 mIU/ml to 7.0 mIU/ml are considered borderline hypothyroid

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone.

Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in Pregnancy

Reference range (microIU/ml)

First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

----- End Of Report -----

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Mohini Vadodariya

MBBS DCP G-23691

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 Sample Date and Time : 22-Jul-2023 09:04 Sample Coll. By : non Ref Id1 :
 Report Date and Time : 22-Jul-2023 11:50 Acc. Remarks : Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour Pale yellow
 Transparency Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.015		1.003 - 1.035
pH	6.5		4.6 - 8
Leucocytes (ESTERASE)	Negative		Negative
Protein	Negative		Negative
Glucose	Negative		Negative
Ketone Bodies Urine	Negative		Negative
Urobilinogen	Negative		Negative
Bilirubin	Negative		Negative
Blood	Negative		Negative
Nitrite	Negative		Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte	Occasional	/HPF	Nil
Red Blood Cell	Nil	/HPF	Nil
Epithelial Cell	1-2	/HPF	Present(+)
Bacteria	Nil	/ul	Nil
Yeast	Nil	/ul	Nil
Cast	Nil	/LPF	Nil
Crystals	Nil	/HPF	Nil

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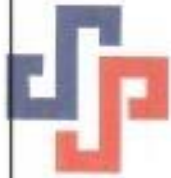
Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh A-Abnormal)

Shweta Patel
 Dr. Shweta Patel
 Consultant Pathologist

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Patient's Name:-	SHABINA BANO	Date :-	22/07/2023
Age & Sex :-	32Y F		
Referred By :-	Dr.		

X-RAY CHEST PA.

- Both Lung fields appear normal.
No evidence of any collapse / consolidation.
- Both Hila appear normal.
No evidence of any enlarged Hilar lymphnodes.
- Both CP angle clear.
- Cardiac size appear normal.
- Both hemi diaphragm appears normal
- Bony cage appear normal

COMMENTS :

- No Significant abnormality detected.

Dr. HANSA RATHWA
MD (Radio Diagnosis)

Thanks for reference. Please co-relate clinically.

Note: This report is not valid for medico-legal purpose. There can be typing error, which can be correctable.



Patient's Name:-	SHABEENA BANO	Date :-	22/07/2023
Age & Sex :-	32Y F		
Referred By :-	HEALTH CHEAK-UP		

USG ABDOMEN & PELVIS

Liver is normal in size and shows increased echotexture. No focal solid/ cystic mass lesion detected in the liver. CBD and intrahepatic biliary radicles show no dilatation.

PV & CBD normal.

G.B. : Contracted

PANCREAS : reveals normal echotexture. No mass, calcification or pancreatitis.

SPLEEN : Normal in size, 97 mm & reveals normal echotexture. No other focal mass seen.

BOTH KIDNEY : RK: 102X42 mm. , LK :100X52 mm.

Both kidneys are normal size with normal cortical thickness.

No focal solid or cystic mass seen. No calculus. No hydronephrosis seen.

C.M differentiation is preserved. No parenchymal abnormality seen.

U. BLADDER : Well distended & normal. No mass or filling defect seen.

UTERUS : Anteverted, Normal in size. No focal lesion seen.

Endometrial cavity Empty. ET -- 9.9 mm.

Rt ovary : -- mm, Lt ovary : -- mm

BOWEL LOOPS : Peristaltic bowel loops seen in lower abdomen. Bowel loops are normal calibre (Visualized).

No free fluid seen. No enlarged lymphnodes seen.

IMPRESSION:

fatty changes in liver (Grade I)

Suggest clinical correlation.

Dr. HANSA RATHWA
MD(Radio Diagnosis)

Thanks for reference. Please co-relate clinically.

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OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - Shabeena Bano UHID Number: - 9236

Consultant Name: Dr. Shreya Date: 22/7/23 Start Time: 8:45 Age: 32 (Years)

Sex: - F (M/F) Shah

Height: - 164 cms, Weight: - 66.2 kgs. Temp. 100, Pulse: - 55 (Per minute), SPO2 98%

B.P. :- 110/70 (mm of Hg), RBS:- — First Visit / Follow Up

Visit: FIRST VISIT

Nursing Staff Name & Signature: - Pinkal End Time: - 12:00

Past History: - (TICK MARK)

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other:-

UCVA $\left\{ \begin{array}{l} 8/6 \\ 6/6 \end{array} \right.$

Family History:-

Nutritional Screening:-

Psychosocial Assessment:-

Immunization Status:-

To be filled by Clinician) Start Time:- _____

Clinical Findings:-

BE AS WNL

Diagnosis:-

—

Investigations and Advice:-

—

Location:
Order number:
Visit:
Indications:
Medication 1:
Medication 2:
Medication 3:

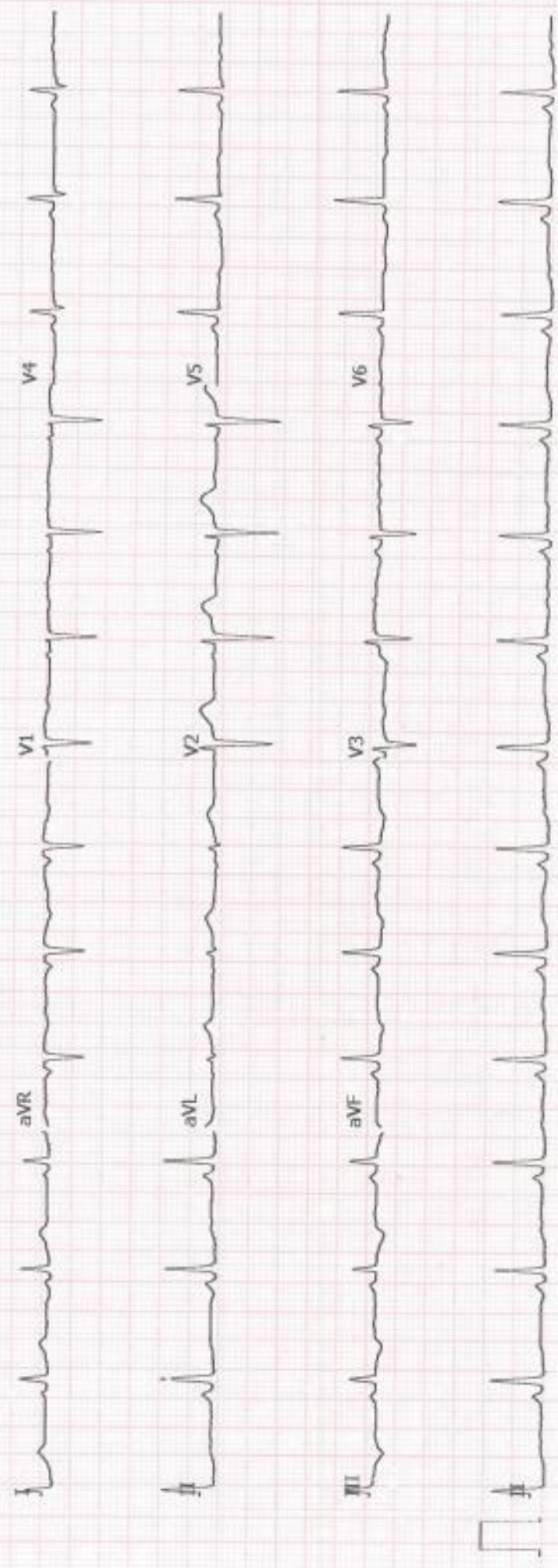
Room:

83 bpm
--/-- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QT / QTcBaz : 354 / 415 ms
PR : 118 ms
P : 90 ms
RR / PP : 724 / 722 ms
P / QRS / T : 64 / 62 / -9 degrees

Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG



Health Checkup Service List

Registration No : 101-023-9236-000

Patient Name : Mrs. Shabeena Bano

Address : Ankleshwar, Ankleshwar, 393001 India

Visit No : 2023203080004

Age/ Gender : 32 Yrs/ F

Health Checkup Package : **Mediwheel Full Body Health Checkup
Female Above 40**

Time Processed Signature

Cardiology Services

- ELECTROCARDIOGRAM (ECG)
- ECHO STUDY

Clinical Pathology

- THYROID PROFILE I
- LIPID PROFILE (D)
- LIVER FUNCTION TEST-1
- BLOOD GLUCOSE FASTING (FBS)
- BLOOD GLUCOSE POST PRANDIAL (PP2BS)
- GLYCOSYLATED HB (HBA1C)
- BLOOD GROUP & RH (D) FACTOR, EDTA WHOLE BLOOD
- URINE ROUTINE
- STOOL ROUTINE
- CBC
- E.S.R
- URIC ACID
- BLOOD UREA NITROGEN
- CREATININE
- BUN CREATINE RATIO



HCU CONSULTATION

- CONSULTANT - OPHTHALMOLOGY
- CONSULTANT - DENTISTRY
- CONSULTANT - GYNAEC
- CONSULTANT - GENERAL SURGEON

UltraSound

- USG ABDOMEN AND PELVIS (WHOLE ABDOMEN)
- MAMMOGRAPHY

X-RAY

- X-RAY Plate 1



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	SHABEENA BANO
DATE OF BIRTH	01-01-1989
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	22-07-2023
BOOKING REFERENCE NO.	23S93616100064300S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. MOHAMMAD NAZIM
EMPLOYEE EC NO.	93616
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	VANKAL
EMPLOYEE BIRTHDATE	01-01-1989

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 **17-07-2023** 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))





25/07/2023

SIB Dr. Vinek :-



SARDAR
PATEL HOSPITAL
& HEART INSTITUTE

Name : Shybeena Bano

Date : 25/7/23

Age : 32 Sex : F

Adv:-

Obstician Consult

110/80



OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - Shabeena Bano UHID Number: - 023 - 9236

Consultant Name: - Dr. Vikas Chugh Date: 25/7/23 Start Time: - _____ Age: - 33 (Years)

Sex: - M (M/F)

Height: - 164 cms, Weight: - 66.2 kgs. Temp. - _____, Pulse: - 70 (Per minute), SPO2
98

B.P. :- 110/80 (mm of Hg), RBS:- _____ First Visit / Follow Up
Visit: First visit

Nursing Staff Name & Signature: - Keishav. Patel End Time:- _____

Past History: - (TICK MARK)

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other:-

Family History:-

Nutritional Screening:-

Psychosocial Assessment:-

Immunization Status:-

To be filled by Clinician) Start Time:- _____

Clinical Findings:-

Diagnosis:-

Investigations and Advice:-



Chikwadi, Opp. Railway Yard, Ankleshwar - 393 001 ☎ : 247882 / 247883

OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - Shabeena Banu UHID Number: - 9 236

Consultant Name: DR. KALPESH NADODARIYA Date: 25/6/23 Start Time: - 5:10 Age: - 32 (Years)

Sex: - F (M/F)

Height: - 164 cms, Weight: - 66.2 kgs. Temp. (N), Pulse: - 82 (Per minute), SPO2 91.

B.P. :- 110/70 (mm of Hg), RBS:- - First Visit / Follow Up

Visit: First visit

Nursing Staff Name & Signature: - Sudhu

End Time:-

Past History: - (TICK MARK)

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other:- NO

Family History:- -

Nutritional Screening:- -

Psychosocial Assessment:- -

Immunization Status:- -

To be filled by Clinician) Start Time:-

Clinical Findings:-

complete health check up

(S) P/A - soft non-tender B/P

Diagnosis:-

Investigations and Advice:-

USG abdomen