

Name : Mr. Anand T

Age: 30 Y

UHID:CELE.0000129870

Sex: M



Address : ECITY

OP Number:CELEOPV342113

 Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
 INDIA OP AGREEMENT

Bill No :CELE-OCR-55518

Date : 08.03.2024 08:00

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2D ECHO - 11	
3	LIVER FUNCTION TEST (LFT) - 12	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	DIET CONSULTATION	
7	COMPLETE URINE EXAMINATION	
8	URINE GLUCOSE(POST PRANDIAL)	
9	PERIPHERAL SMEAR	
10	ECG - 16	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
12	DENTAL CONSULTATION - 15	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
14	URINE GLUCOSE(FASTING)	
15	HbA1c, GLYCATED HEMOGLOBIN	
16	X-RAY CHEST PA - 08	
17	DENT CONSULTATION - 06.05	
18	FITNESS BY GENERAL PHYSICIAN - 25	
19	BLOOD GROUP ABO AND RH FACTOR	
20	LIPID PROFILE	
21	BODY MASS INDEX (BMI)	
22	OPHTHAL BY GENERAL PHYSICIAN - 05	
23	ULTRASOUND - WHOLE ABDOMEN - 08	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Audio - 3, Physio - 14,

MEDICAL FITNESS CERTIFICATE

NAME: Mr. Anand T AGE/SEX: UHID:

DATE: 08/03/24

CHIEF COMPLAINTS:

- cholecystectomy - 2 yrs back.

PAST/FAMILY HISTORY:-

Father - HTN, T2DM.

ALLERGIES:-

GENERAL EXAMINATION:-

PULSE: 62	BP: 142/90	TEMP: 98.6 F	RR: 22/min
HT: 169	WT: 90.2	WAIST: 98	BMI: 31.5

HPP = 100

SYSTEMIC EXAMINATION:-

- Mixed diet - outside

VISION SCREENING

<u>Vision</u>	<u>Rt</u>	<u>Lt</u>	<u>With Corrections</u>
<u>DISTANT</u>	6/6 P	6/9 P	RE - 0.25 DS PL L - 0.50 sp
<u>NEAR</u>	N6	N6	-
<u>COLOUR</u>			

2nd time.

BP = 154/90
PR = 86

Chest:

CVS:

P/A:

} NCAD.

IMPRESSION:-

FINAL RECOMMENDATIONS:-

GENERAL PHYSICIAN

Mr. Arand - T
30y / M

8/3/24

Dr. YASHASWI, MBBS, DLO
FELLOW IN RHINOLOGY
ALLERGY SPECIALIST
REG. No.: 71613
MOB.: 9448089291 / 9945126633

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Came for regular health
check-up

O/E (R) (L)
(N) (N)

EAC (N)

TM (R) (L)

Nose
throat] (NAD)

Clinically

ENT - (NAD)

Follow up date:



Doctor Signature

Date: IST: 2024-03-08 08:19:39

Personal Details

UHID: 00XHE1PU6TE0N40
PatientID: 129870
Name: MR ANAND T
Age: 30
Gender: Male
Mobile: 7411300262

Pre-Existing Medical-
Conditions

Symptoms

Vitals

Measurements

HR: 53 BPM
PR: 147 ms
PD: 115 ms
QRSd: 99 ms
QRS Axis: 15 deg
QTc: 411-411 ms

Interpretation

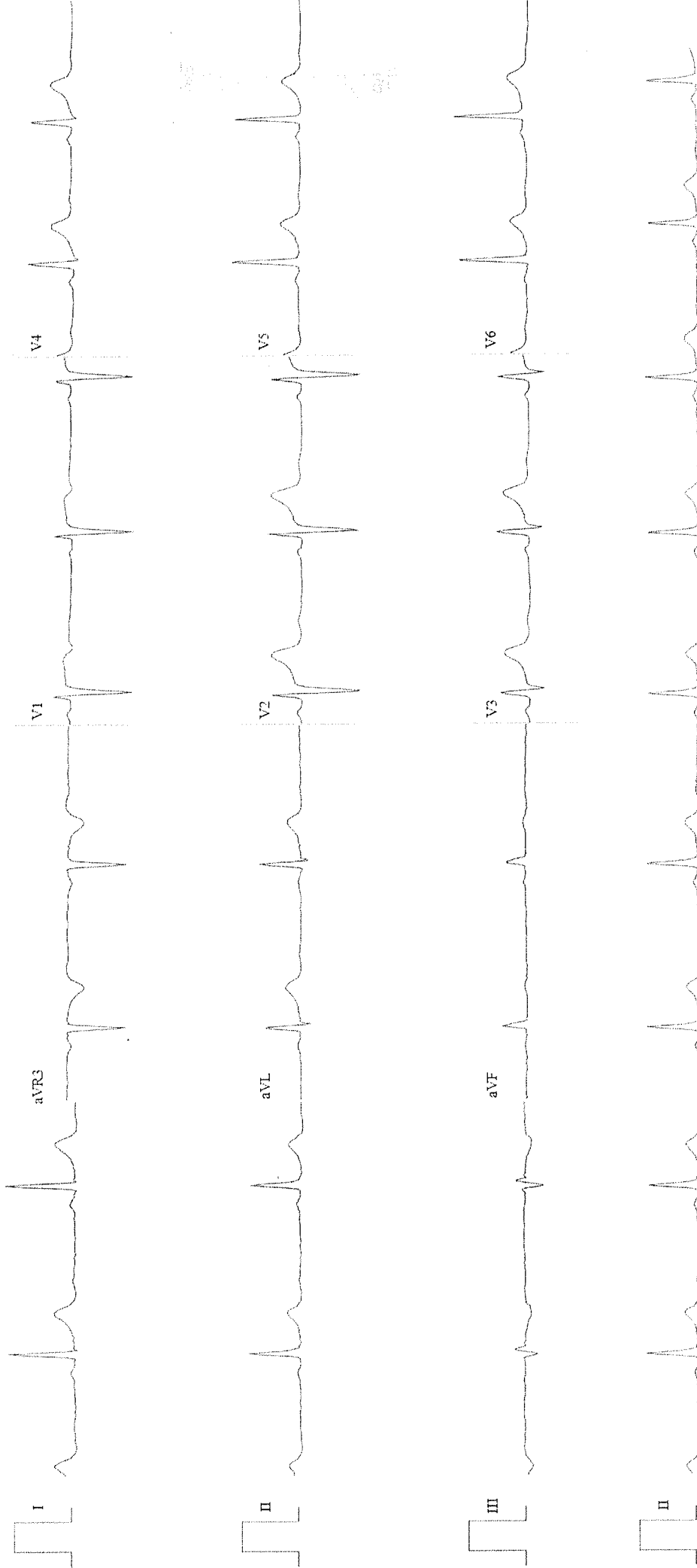
Sinus Rhythm: Regular, Brady cardia
Normal Axis

Report ID: AHLLP_00XHE1PU6TE0N40_V6TE0N4Q

Authorized by

Yogesh

Dr. Yogesh Kothari
MD, DNB, FESC, FEP
Reg. No- KMC-44065



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV

Warning: This report is based on ECG tracing and should be used as an adjunct to a clinical history. Symptoms and results of other investigations are not included in this report. Normal ECG does not rule out heart disease. Abnormal ECG does not always mean severe heart disease. Consult your doctor for further advice.

Patient Name : Mr. Anand T
UHID : CELE.0000129870
Reported on : 08-03-2024 14:13
Adm/Consult Doctor :

Age : 30 Y M
OP Visit No : CELEOPV342113
Printed on : 08-03-2024 14:13
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:08-03-2024 14:13

---End of the Report---


Dr. VIGNESH K
MBBS, MD Radio-Diagnosis
Radiology

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**

NAME:	MR. ANAND T
AGE / SEX:	30 YRS/ MALE
DATE:	08/03/2024
REFERRED BY:	ARCOFEMI

ABDOMINAL ULTRASONOGRAPHY REPORT

LIVER: Appear normal in size and increased echogenicity. No focal lesion seen. The intra hepatic biliary and portal venous radicals are normal. Portal vein and CBD is normal.

GALL BLADDER: Not visualized history of surgery.

PANCREAS: Normal to the extent visualized.

SPLEEN: normal in size and echo texture. No focal lesion noted.

KIDNEYS: Both kidneys are normal in size and echo texture. Normal cortico-medullary differentiation is maintained. No calculus / hydronephrosis on both sides.

PELVIC ORGANS:

Urinary bladder is moderately distended and appears normal.

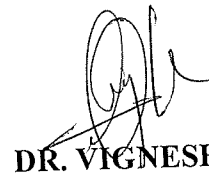
Prostate appear normal in size and echogenicity.

No free fluid in the abdomen and pelvis.

IMPRESSION:

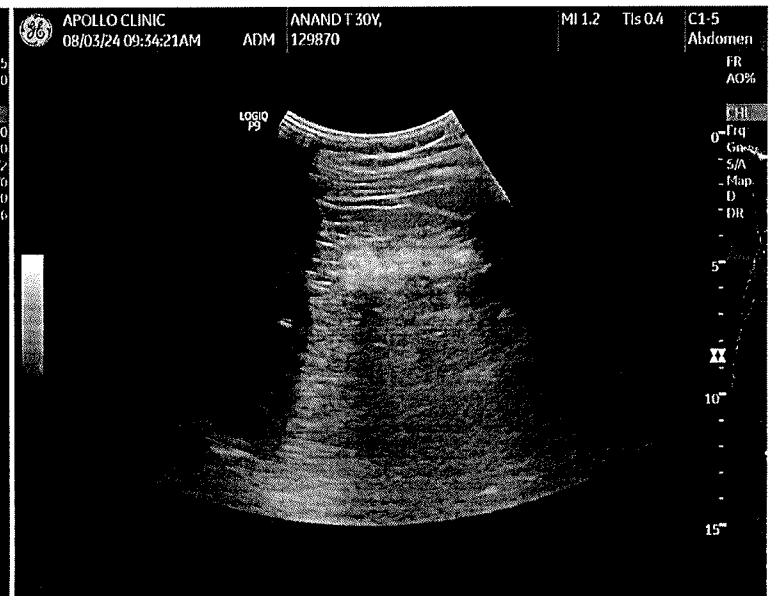
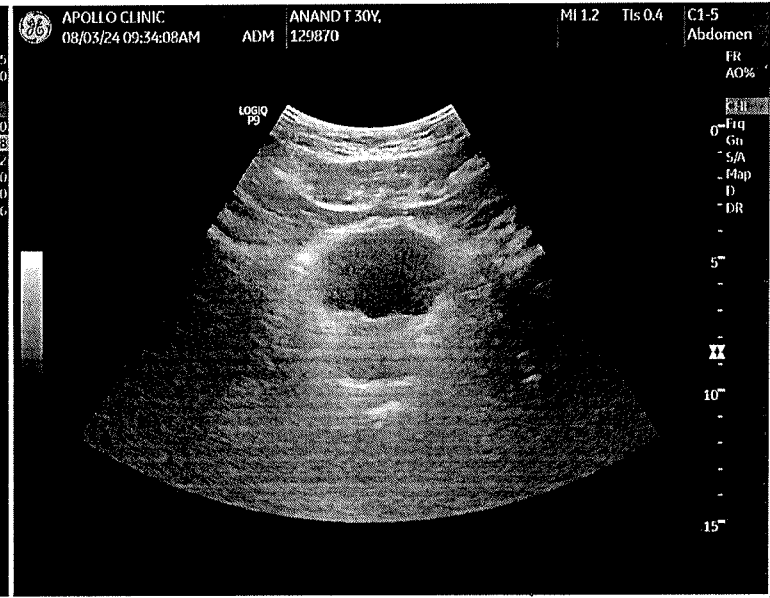
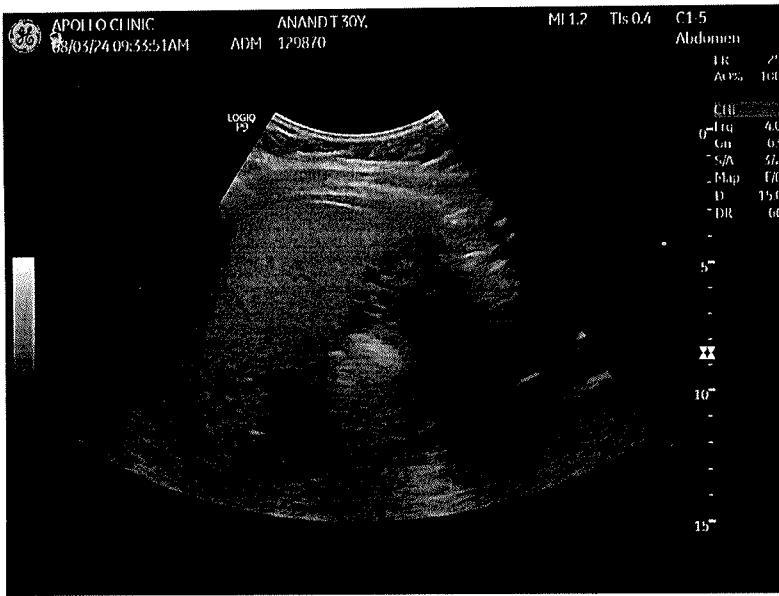
- **Grade I fatty liver.**

*To correlate clinically & with other investigations.
Not for medico-legal purpose*



DR. VIGNESH K

CONSULTANT RADIOLOGIST



2-D ECHO-CARDIOGRAPHY DOPPLER & COLOUR DOPPLER REPORT

NAME : MR ANAND T

DATE:08/03/2024

AGE/SEX: 30 Y/ M

REF : ARCOFEMI- MEDIWHEEL

UHID:129870/03/30

***** 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.
10. PERICARDIUM : NORMAL
11. NO OBVIOUS VEGETATION / CLOTS.



DR (CAPT.)S.V KRISHNA RAO

MD (PGI), DNB (Card)

Senior Consultant – Cardiologist

Reg No : ANP 19780000746KTK

To correlate with clinical findings & other relevant investigations .

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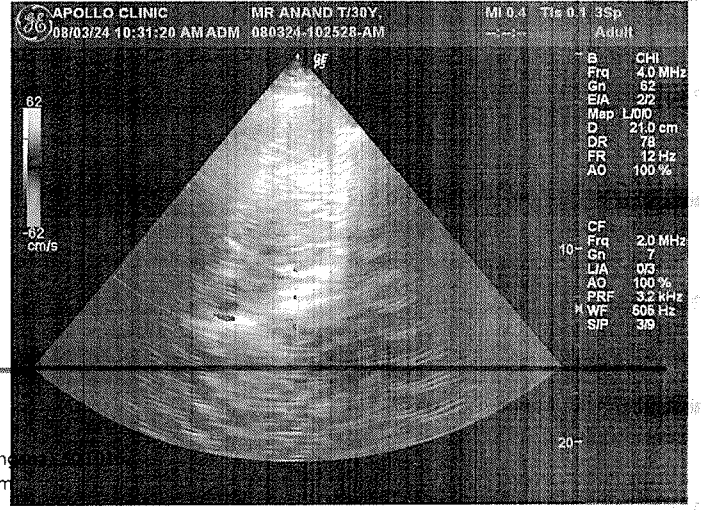
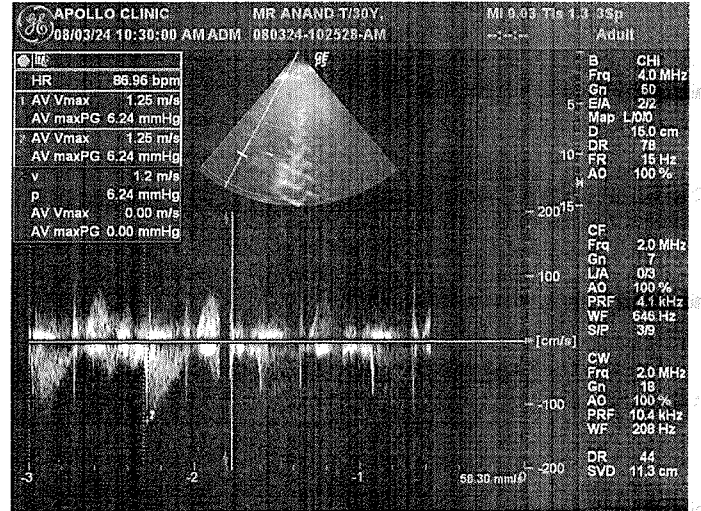
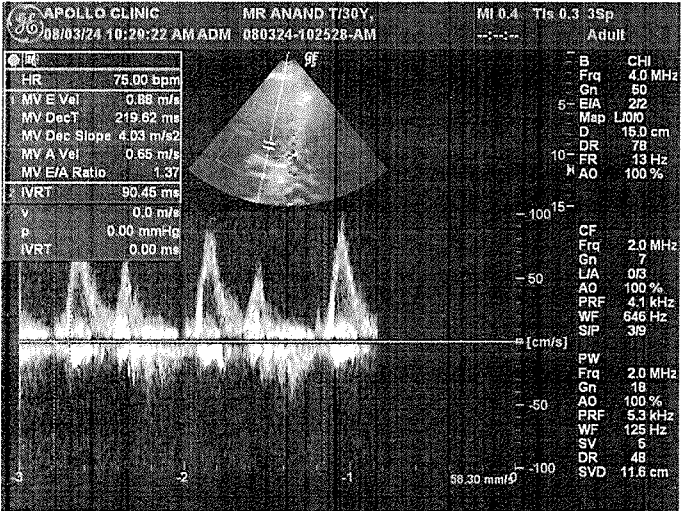
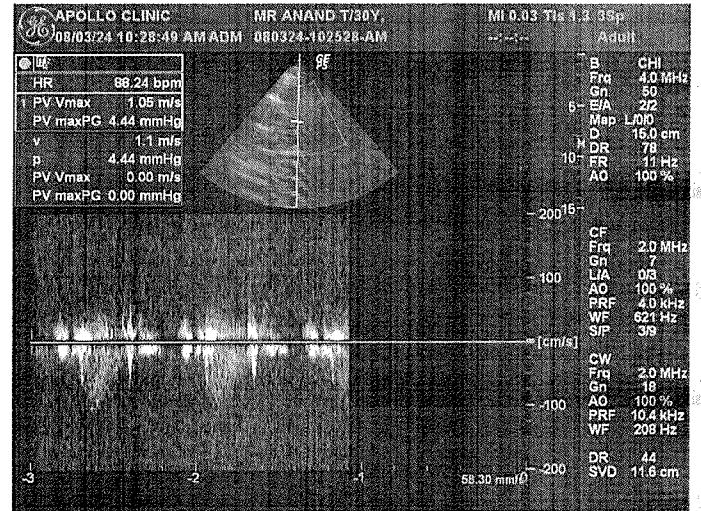
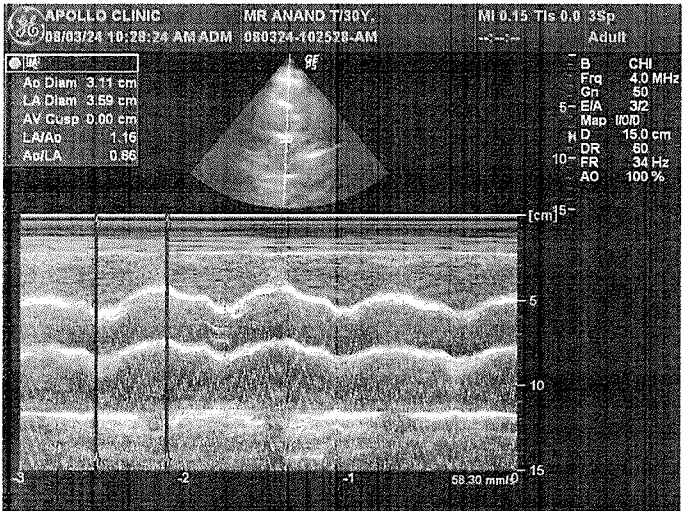
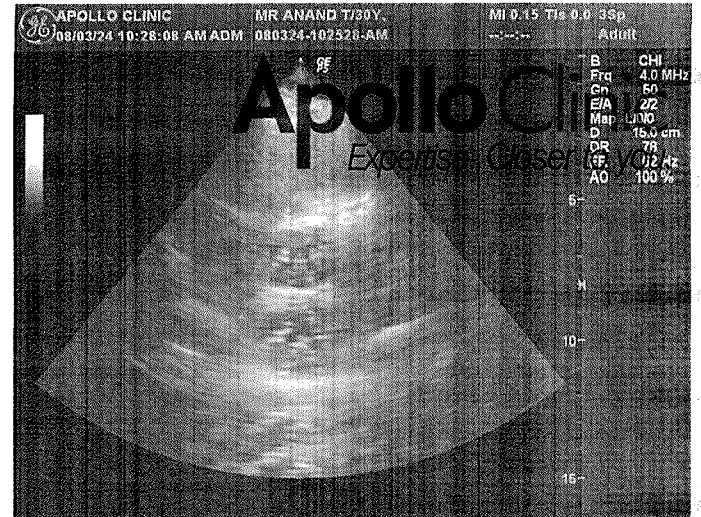
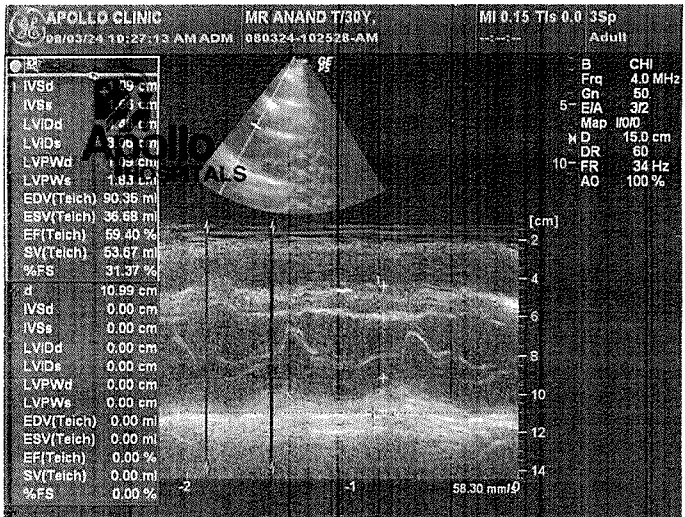
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TO BOOK AN APPOINTMENT
1860 500 7788

Apollo Clinic

CONSENT FORM


Patient Name: Anand T Age: 30y/m

UHID Number: 129870 Company Name: Arcofem

I Mr/Mrs/Ms Anand T Employee of Bank of Baroda (199097)

(Company) want to inform you that I am not doing Dental, Diet procedure due to De not available which is a part of my health package.

And I claim the above statement in my full consciousness.

Patient Signature:  Date:




बैंक ऑफ बड़ोदा
Bank of Baroda

नाम
Name **आनन्द टी**
Anand T

E.C. No. **199097**




जारीकर्ता प्राधिकारी
Issuing Authority


धारक के हस्ताक्षर
Signature of Holder

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. T ANAND
EC NO.	199097
DESIGNATION	HEAD CASHIER "E" _II
PLACE OF WORK	SINGENA AGRAHARA
BIRTHDATE	19-05-1993
PROPOSED DATE OF HEALTH CHECKUP	24-02-2024
BOOKING REFERENCE NO.	23M199097100092622E

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 **21-02-2024** 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 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))