

Health Check up Booking Request(43E1149)
1 message

5 October 2024 at 15:12

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



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 : SONIA MARWAH
Proposal No : 6159
Branch Code : 310
Contact Details : 9810163230
Location : D63, Har Gyan Singh Arya Marg, South Extension I, Block D, New Delhi, Delhi 110049
Appointment Date : 06-10-2024

Member Information		
Booked Member Name	Age	Gender
SONIA MARWAH	55 year	Male

Included Test -

- Urine Analysis
- 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



स्थाई लेखा संख्या /PERMANENT ACCOUNT NUMBER
AAFPM9418B



नाम /NAME
SONIA MARWAH

पिता का नाम /FATHER'S NAME
UPENDER KUMAR BERI

जन्म तिथि /DATE OF BIRTH
17-12-1968

हस्ताक्षर /SIGNATURE

Sonia Marwah

आयकर निदेशक (पद्धति)
DIRECTOR OF INCOME TAX (SYSTEMS)

Sonia Marwah

preeti



Date: 5/10/24

To,
LIC of India
Branch Office
310

Proposal No. 6159

Name of the Life to be assured Sonia Manwah

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

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.

Dr. PREETI DHIMALI

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.

Sonia Manwah

(Signature of the Life to be assured)

Name of life to be assured:



Reports Enclosed:

Sr. No	Reports Name	Sr. No	Reports Name
<u>1</u>	FMR	9	Lipidogram
<u>2</u>	Rest ECG with Tracing	10	BST (Blood Sugar Test-Fasting & PP) Both
3	Haemogram	11	Hba1c
<u>4</u>	Hb%	12	FBS (Fasting Blood Sugar)
<u>5</u>	SBT-13	13	PGBS (Post Glucose Blood Sugar)
6	Elisa for HIV	14	CTMT with Tracing
<u>7</u>	RUA	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

16. Questionnaires: _____

17. Others (Please Specify) _____

Remarks of ~~Insurance~~ Insurance TPA

Medline
Authorized Signature,





MEDICAL EXAMINER'S REPORT
Form No LIC03-001(Revised 2020)

Branch Code: 310
Proposal/ Policy No: 6159
MSP name/code: 6018
Date & Time of Examination: 5 Oct 24 8:15
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: _____
Identity Proof verified: pan ID Proof No. AAFPMA9418B
(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".

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

1	Full name of the life to be assured: <u>Sonia Marwah</u>		
2	Date of Birth: <u>17/12/68</u>	Age: <u>56</u>	Gender: <u>female</u>
3	Height (In cms): <u>164</u>	Weight (in kgs): <u>70</u>	
4	Required only in case of Physical MER		
	Pulse: <u>74</u>	Blood Pressure (2 readings): 1. Systolic <u>128</u> Diastolic <u>82</u> 2. Systolic <u>128</u> Diastolic <u>82</u>	

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

5	<p>a. Whether receiving or ever received any treatment/ medication including alternate medicine like ayurveda, homeopathy etc ?</p> <p>b. Undergone any surgery / hospitalized for any medical condition / disability / injury due to accident?</p> <p>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 -</p> <p>i. Date of surgery/accident/injury/hospitalisation</p> <p>ii. Nature and cause</p> <p>iii. Name of Medicine</p> <p>iv. Degree of impairment if any</p> <p>v. Whether unconscious due to accident, if yes, give duration</p>	<u>No</u>
6	<p>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 diagnostic tests?</p> <p>Please specify date, reason, advised by whom & findings.</p>	<u>No</u>
7	<p>Suffering or ever suffered from Novel Coronavirus (Covid-19) or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhea (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.</p> <p>If yes provide all investigation and treatment reports</p>	<u>No</u>



Dr. Preeti DHIMAN
M.B.B.S



8	<p>a. Suffering from Hypertension (high blood pressure) or diabetes 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>e. Whether developed any complications due to diabetes?</p> <p>f. Whether suffering from any other endocrine disorders such as thyroid disorder etc.?</p> <p>g. 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, heart attack, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from high cholesterol?</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 kidney such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	NO
11	Suffering or ever suffered from any Liver disorders like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any lung related or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	NO
12	Suffering or ever suffered from any Blood disorder like anaemia, thalassemia or any Circulatory disorder ?	NO
13	Suffering or ever suffered from any form of cancer , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	NO
14	Suffering or ever suffered from any Epilepsy , nervous disorder , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	NO
15	Suffering or ever suffered from any physical impairment / 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 disorder of the Stomach / 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 / psychiatric disorder?</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 abnormality of Eyes (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?	NO
19	Whether person being examined and/ or his/her spouse/partner tested positive or is/ are under treatment for HIV /AIDS/ Sexually transmitted diseases (e.g. syphilis; gonorrhoea, etc.)	NO
20	Ascertain if any other condition / disease / adverse habit (such as smoking/ tobacco chewing/ consumption of alcohol/drug etc) which is relevant in assessment of medical risk of examinee.	NO

Dr. PREEANJAN
M.B.B.S



For Female Proponents only		
i.	Whether pregnant? If so duration.	NO
ii.	Suffering from any pregnancy related complications	NO X P
iii.	Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaecailment 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 Sonia Marwah 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.

Sonia Marwah
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

5th Oct 24

Dr. PREETHI DHIMAN
Signature of Medical Examiner
Name & Code No: MBBS



LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone: _____ Division: _____
Proposal No.: _____ Branch: _____
Full Name of Life to be assured: Sonia Manwal
Age/ Sex: 54/F
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

Sonia Manwal
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 ND Street 24 on the 24 day of 24 at 8:15 a.m./p.m.

Sonia Manwal
Signature of the L.A.

DR RAJKUMAR
M.D. (Medicine) Card. FNIC
Signature of the Cardiologist
Cardiologist's Name & Address
Qualification:



Clinical findings

(A)

Height (cms)	Weight (kgs)	Blood Pressure	Pulse Rate
164	70	128/82	74

(B) Cardiovascular System

.....
 A I A D

Rest ECG Report:

Position	Supine	P Wave	Normal
Standardisation (mv)	100	PR Interval	Normal
Mechanism	Normal	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	60/	T-wave	Normal
Ventricular Rate	60/	Q-Wave	Normal
Rhythm	Sinus		
Additional findings, if any.	Nil		

Conclusion:

WNL

Dated at

M.D.

on the

day of 20th 24 at 8.15 a.m./p.m.

DR. RAJ KUMAR
 M.D. (Medicine) / Card. F.N.C.

Signature of the Cardiologist

Name & Address:

Qualification:



SHRI DURGA HEALTH CARE

D-63 NDSE-1 NEW DELHI-49

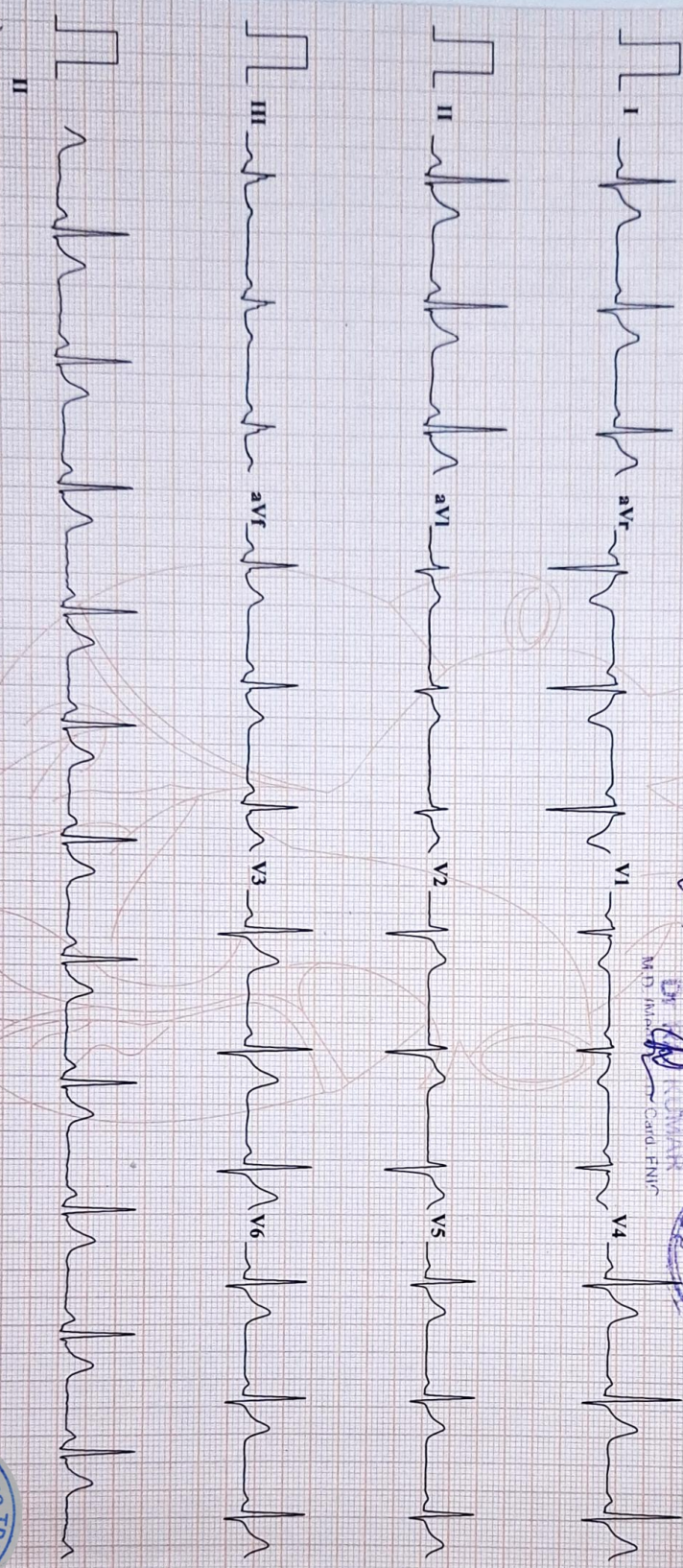
Ms. SONIA MARWAH
 ID : 08
 AGE/SEX : 56 Yr/F
 HT/WT : /
 DATE : 05-10-2024 08:22:45 AM
 REFBY : Dr

RATE : 74 bpm
 BP : N/A
 P Axis : 71 deg
 QRS Axis : 59 deg
 T Axis : 44 deg
 P Duration : 99 ms
 PR Duration : 112 ms
 QRS Duration : 80 ms
 QT Interval : 327 ms
 QTc Interval : 356 ms

Linked Median

Speed : 25 mm/s
 Sensitivity : 10 mm/mV

W.H.L.
 M.D. MHA
DR. ANJANA KUMAR
 Card. ENR



Filtered(35 Cycle) And Base Corrected

UNI-EM, Indore Tel: +91-731-4030035 Fax: +91-731-4031180 E-Mail: em@electronmedicals.net Web: www.uni-em.com ECG Ver: 14.0.1



Dr



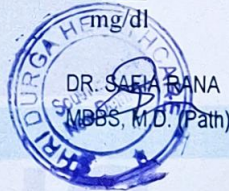
Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	SONIA MARWAH	Sex:	FEMALE
Lab. No:	202401003	Age	56
Date:	5/10/2024	Ref. By	LIC

Test Name	SBT13	Unit	Normal Value
FBS	99	mg/dl	70 - 110
Total Cholesterol	156	mg/dl	120 - 220
High Density Lipid (HDL)	38	mg/dl	35-70
Low Density Lipid (LDL)	93	mg/dl	50 - 150
S. Triglycerides	125	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	6.8	g/dl	6.4 - 8.2
Albumin	3.5	g/dl	3.4 - 5.0
Globulin	3.3	g/dl	2.3 - 3.3
A:G Ratio	1.0	g/dl	
S. Bilirubin	0.5	mg/dl	0.1 - 1.00
Direct	0.3	mg/dl	0.00 - 0.3
Indirect	0.2	mg/dl	0.00 - 0.7
SGOT(AST)	32	IU/L	5 - 40
SGPT(ALT)	26	IU/L	5 - 45
GGTP(GGT)	40	IU/L	11 - 50
S. Alkaline Phosphatase	106	IU/L	15 - 112
HIV 1&2 Elisa (Method)	NEGATIVE	-	NEGATIVE
HbsAg (Australia antigen)	NEGATIVE	-	NEGATIVE

Test Name	Value	Unit	Normal Value
Hemoglobin (HB)	13.4	mg/dl	13.2 - 16.2 (M) 12.0 - 15.2 (F)



-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

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:	SONIA MARWAH	Sex:	FEMALE
Lab. No:	202401003	Age	56
Date:	5/10/2024	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	2-4	0 -5 /HPF
Epithelial Cells	2-3	0 -5 /HPF
RBCs	Nil	Nil /HPF
Crystals	Nil	Nil
Cast	Nil	Nil
Bacteria	Nil	Nil
Others	Nil	Nil



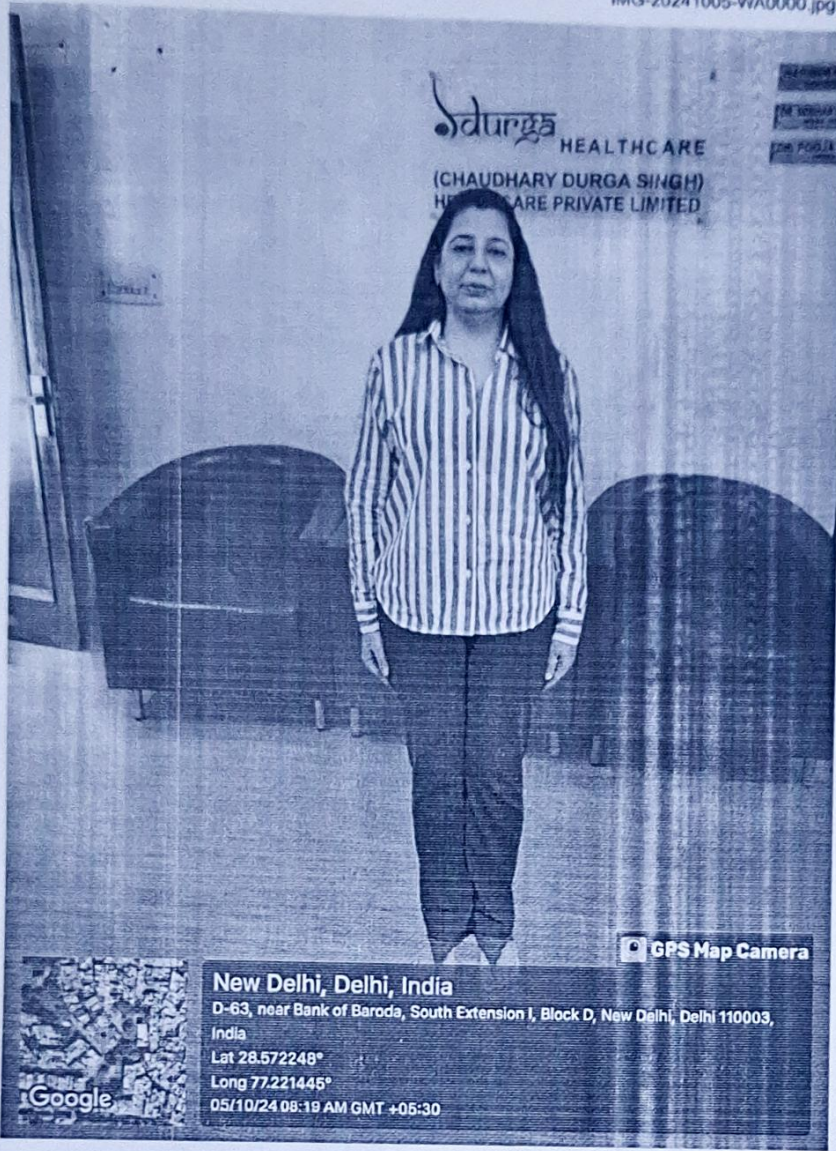
DR. SAFIA RANA
MBBS, M.D. (Path)



D-63, Ground Floor, South Exn. Part-1, Near Barat Ghar, New Delhi-110049
Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

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Preeti Dhiman
 M.B.B.S

