

Patient Name

AGE/Sex

: shilpa sharma :431F

Date 19-12-23 UHID/MR NO : 163880

	RIGHT EYE	LEFT EYE			
FAR VISION	C-41035 616	E 71/2856/6			
NEAR VISION	NIL	NILO			
ANTERIOR SEGMENT PUPIL	MD	MD			
COLOUR VISION	(A)	Ŕ			
FAMILY / MEDICAL HISTORY	F'O PAP				

Impression:

WNL

Optometrist:-Mr. Ritesh Sutnase

llo Health and Lifestyle Limited

U85110TG2000PLC115819) Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500.016, : 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

LO CLINICS NETWORK MAHARASHTRA

(Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)



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Department Doctor	GENERAL	
Doctor	•	
	•	
Registration No		
Qualification		
		155
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in the second	870/27774/9688/1016-01-012-012-012-012-012-012-012-012-012-	110 70
Puise	te AT HAMPERING AND COMPENSION AND A ADDRESS	82-
Waist	naar faar oo saaraa saaraa	98
Hip	Sector States and a sector sector	99
BM	Second with the second second second $B_{1}(t)=1, t \in [0, t]$, where $t \in [0, t]$, the transmission of the second seco	28 - 28
Consulta	tion with Report	Jalle
	Qualification Height Weight BP Pulse Waist Hip BMI	Qualification : Height Weight BP Pulse Waist Hip



APOLLO CLINIC - AUNDH CONSENT FORM

NAME OF THE PATIENT	SHILPA SHARMA SARKAR
COMPANY NAME	: UNDON BANK OF TNDTA
TEST NAME	PAD SMIEAR (GYNAE NOT AVALABLE)
REASON	NOT COMFOR TABLE WITH MALE
(For not done test)	DOCTOR, PENDETNG FOR FEMALE DOC/ GYNAE
PHONE NO	: 9930935871

PATIENT SIGNATURE

Apollo Health and Lifestyle Limited

(CIN - U851101G2000PLC115819) Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers.

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APOLLO CLINICS NETWORK MAHARASHTRA Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowric) TO BOOK AN APPOINTMENT



today at 8:44 am

्रास्त सरकार શિલ્પા પ્રમાં સરકાર Shipa Shuma Sarkar WHE ALÉMY DOB: 08/12/1980

ell / FEMALE

મારો આધાર, મારી ગોળખ

7754

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My Worklist - Summary View

Health checkup at tie-up Ctr	HealthChkup Authorisatn letter	
	यूनियम देंड Ø Union Benk	
	Union Bank of India	
o, The Chief Medical Officer	RO - PUNE METRO "JEEVAN PRAKASH", 6/7, L.I.C. BLI University Rd,p.b.no.960, Shivaji Nag Pune,maharashtra, Pin	
M/S Mediwheel https://mediwheel.in/signu 41195959(A brand name c Arcofemi Healthcare Ltd), Mumbai400021 ear Sir,		
Tie-up arrangement fo	or Health Checkup under Health Checkup	Executive Female 35+
Shri/Smt./Kum. SAR	KAR,SHILPA SHARMA	
P.F. No. 450331	Designation : ASST. GENE	ERAL MANAGER
Checkup for Financial The above mentioned sta Hospital/Centre/Clinic, ur	Year 2023- 2024 aff member of our Branch/Office desires to under nder the tie-up arrangement entered into with you	5000.00 rgo Health Checkup(for Executives) at your u, by our bank
. Please send the rece	eipt of the above payment and the relevant repor	rts to our above address.
		CETT, St.
Thanking you,	Yours Faithfully	A a Ba
Thanking you,	Yours Faithfully	
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Thanking you, (Signature of the Employe	49 19	R MANAGER
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(Signature of the Employe	BRANCH MANAGERSENIO	RMANAGER
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	Union Bank of India	
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	BRANCH MANAGERSENIO	R MÄNACER
(Signature of the Employe	BRANCH MANAGERSENIO	RMANAGER
(Signature of the Employe PS. : Status of the appli View Worklist	BRANCH MANAGERSENIO	RMANAGER

Name:	M/s Shilpa Sharma Sarkar
Age/Gender:	43 Y/F
Address:	pimple saudagar pune
Location:	PUNE, MAHARASHTRA
Doctor:	
Department:	GENERAL
Rate Plan:	AUNDH_06042023
Sponsor:	ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: D	r. BALKRISHNA SURYAKANTRAO RANGDAL

MR No: Visit ID: Visit Date: Discharge Date: Referred By: CAUN.0000138885 CAUNOPV163880 19-12-2023 09:10

SELF

Doctor's Signature

Name:M/s Shilpa Sharma SarkarAge/Gender:43 Y/FAddress:pimple saudagar puneLocation:PUNE, MAHARASHTRADoctor:EDepartment:GENERALRate Plan:AUNDH_06042023Sponsor:ARCOFEMI HEALTHCARE LIMITEDConsulting Doctor: Dr. PADMA RAJENDRA ITHAPE

MR No: Visit ID: Visit Date: Discharge Date: Referred By: CAUN.0000138885 CAUNOPV163880 19-12-2023 09:10

SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Dat	ρ	Pulse (Beats/min)	-	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kas)	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	Waist	Waist & Hip Ratio	User
19-1 15:1	2-2023 4			20 Rate/min	96 F	155 cms	67 Kgs	%	%	Years	27.89	98 cms	99 cms	cms		AHLL02734

Date	Pulse (Beats/min	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kas)	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	Waist	Waist & Hip Ratio	User
19-12-2 15:14	023 82 Beats/min	 20 Rate/min	96 F	155 cms	67 Kgs	%	%	Years	27.89	98 cms	99 cms	cms		AHLL02734

Date	Pulse (Beats/min	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kas)	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	Waist	Waist & Hip Ratio	User
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