

## Credit RO Kota [Union Bank of India]

**From:** yogesh sharma real estate guru <yogeshsharmaubi@gmail.com>  
**Sent:** 20 March 2024 18:31  
**To:** Credit RO Kota [Union Bank of India]  
**Subject:** Health Check up Booking Confirmed Request(UBOIE4554),Package Code-PKG10000440, Beneficiary Code-311639

कृपया सावधानी बरतें एवं ध्यान दें: यह ई-मेल बाहर से प्राप्त हुई है। कृपया प्रेषक के ई-मेल पते को पूर्ण रूप से जाँचें (केवल प्रेषक का नाम ही नहीं)। प्रेषक की पहचान किए बिना लिंक पर क्लिक न करें एवं संलग्न को न खोलें और पहचाने की दी गई सामग्री सुरक्षित है अथवा नहीं। संदिग्ध मेल के संबंध में, कृपया [antiphishing\[Dot\]ciso\[At the rate\]unionbankofindia\[Dot\]bank](mailto:antiphishing[Dot]ciso[At the rate]unionbankofindia[Dot]bank) पर रिपोर्ट करें

**CAUTION AND ATTENTION PLEASE:** This is an external email. Please check the sender's full email address (not just the sender name). Do not click links or open attachments unless you recognize the sender and know the content is safe. In case of any suspicious email, please report it to [antiphishing\[Dot\]ciso\[At the rate\]unionbankofindia\[Dot\]bank](mailto:antiphishing[Dot]ciso[At the rate]unionbankofindia[Dot]bank)

----- Forwarded message -----

**From:** Mediwheel <[wellness@mediwheel.in](mailto:wellness@mediwheel.in)>  
**Date:** Wed, 20 Mar, 2024, 4:21 pm  
**Subject:** Health Check up Booking Confirmed Request(UBOIE4554),Package Code-PKG10000440, Beneficiary Code-311639  
**To:** <[yogeshsharmaubi@gmail.com](mailto:yogeshsharmaubi@gmail.com)>  
**Cc:** <[customercare@mediwheel.in](mailto:customercare@mediwheel.in)>



011-41195959

Dear SHARMA YOGESH KUMAR,

We are pleased to confirm your health checkup booking request with the following details.

**Hospital Package Name** : Mediwheel Full Body Plus Annual Check Advanced With Vitamin Male  
**Patient Package Name** : Executive Health Checkup Male  
**Name of Diagnostic/Hospital** : MSM Hospital  
**Address of Diagnostic/Hospital-** : Talwandi Rd, Rama Krishna Puram, Kota, Rajasthan 324010  
**City** : Kota  
**State** :  
**Pincode** : 324010

## Tests included in this Package

- Bmi Check
- Ent Consultation
- Dietician Consultation
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Vitamin B12
- Vitamin D
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile
- Prostate Specific Antigen (PSA Male)
- Phosphatase

Thanks,

Mediwheel Team

Please Download Mediwheel App

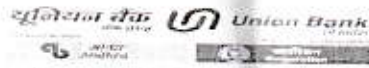


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Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India  
RO - KOTA  
UBI VIJAYNAGAR BRANCH 1ST  
FLOOR, PRINCE PLAZA, NEAR  
ALKARIM RESTAURANT, KOTA- 0

To,

The Chief Medical Officer  
M/S Mediwheel  
<https://mediwheel.in/signup011-41195959>(A brand name of  
Arcofemi Healthcare Ltd),  
Mumbai400021

Dear Sir,

**Tie-up arrangement for Health Checkup under Health Checkup**

**Executive Male 35+**

Shri/Smt./Kum. SHARMA, YOGESH KUMAR

P.F. No. 481343

Designation : CHIEF MANAGER

Checkup for Financial Year 2023-2024 **Approved Charges Rs.** 4000.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup(for Executives) at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

*Y.K. Sharma*  
(Signature of the Employee)

Yours Faithfully,

*[Signature]*  
BRANCH MANAGER/SENIOR MANAGER



PS. : Status of the application- Sanctioned

Health checkup at tie-up Ctr | HealthChkup Authorisatn letter



Dt. of first issue of DL/Class of vehicle:  
 Name/Designation of the testing authority: R S SHEKHAWAT / MM

Badge No. and Authorisation Date to drive transport vehicle:  
 Badge Detail:  
 DOB: 19/12/1980 Blood Group: Tel. No.: 9314449519

**DON'T DRINK & DRIVE**

DRIVING OFFENCES: ● ● ● ● ● ●


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**CENTRAL MOTOR VEHICLES**  
**RULES 1989**  
**FORM 7(See Rule 16(2))**  
**DRIVING LICENCE**

DL NO: RJ-14(DL)ORJ 824054 Date: 08/11/2008  
 Name: YOGESH KUMAR SHARMA  
 Son of: GOPAL LAL SHARMA  
 Address: A-613, GOVIND MARG  
 MALVIYA NAGAR JAIPUR

is licenced to drive throughout India a vehicle  
 of the following description:  
 MCY WITH GEARLIGHT MOTOR VEH.

The licence to drive other than transport  
 vehicle is valid  
 From: 08/11/2008 To: 08/11/2028

  
 Yogesh Kumar Sharma  
 Licencing Authority, Jaipur



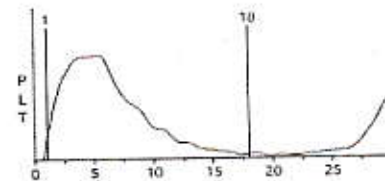
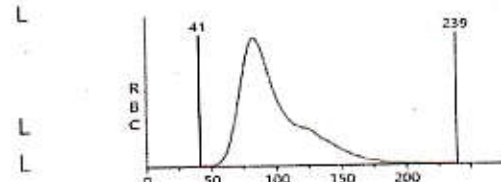
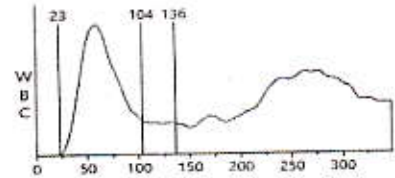
# MSM HOSPITAL

R 20, Sector A, R. K. Puram, Kota - 324 010 Mob.: 7375945769

**Name:** Yogesh Sharma  
**Age:** 44Year  
**Test Time:** 2024-03-21 09:42:00 AM

**ID:** 000000000002  
**Sex:** Male  
**Print Time:** 2024-03-21 04:47:09 PM

Item	Result	Unit	Range	Hit
WBC (WBC)	4.6	10 <sup>3</sup> /uL	4.0~11.0	
LYM% (LYM%)	31.0	%	20.0~40.0	
MID% (MID%)	5.6	%	3.0~10.0	
GRAN% (GRAN%)	63.4	%	50.0~70.0	
LYM# (LYM#)	1.40	10 <sup>3</sup> /uL	0.80~4.00	
MID# (MID#)	0.20	10 <sup>3</sup> /uL	0.12~1.20	
GRAN# (GRAN#)	3.00	10 <sup>3</sup> /uL	2.00~7.00	
<b>RBC (RBC)</b>	4.70	10 <sup>6</sup> /uL	3.50~5.80	
<b>HGB (HGB)</b>	12.4	g/dL	13.0~18.0	
HCT (HCT)	44.0	%	36.0~51.0	
MCV (MCV)	93.8	fL	82.0~100.0	
MCH (MCH)	26.3	pg	27.0~34.0	
MCHC (MCHC)	28.1	g/dL	32.0~36.0	
RDW_SD (RDW_SD)	47.0	fL	37.0~54.0	
RDW_CV (RDW_CV)	12.9	%	11.5~14.5	
<b>PLT (PLT)</b>	172	10 <sup>3</sup> /uL	150~450	
MPV (MPV)	9.5	fL	7.4~10.4	
PDW (PDW)	14.2	fL	10.0~17.0	
PCT (PCT)	0.16	%	0.10~0.28	
P_LCR (P_LCR)	29.30	%	13.00~43.00	
P_LCC (P_LCC)	50	10 <sup>3</sup> /uL	13~129	



Sender:

Patho./Technologist



20, Sector A, R. K. Puram, Kota - 324 010 Mob.: 7375945769

Name <b>Mr. YOGESH KUMAR SHARMA</b>	Visit Date & Time 21/03/2024 15:58:34	<b>PATIENT ID 322361501</b>
Age 44 Yrs	Sample Accepted at : 21/03/2024 15:59:07	Ref. Lab Phaiya Diagonstic Center
Sex Male	Test Authenticated at : 21/03/2024 16:41:20	Ref. By



## BIOCHEMISTRY

Test Name	Value	Status	Unit	Biological Ref Interval
<b>HBA1C</b> <b>HAEMOGLOBIN GLYCOSYLATED BLOOD</b> Method : H.P.L.C. with EDTA Blood	5.70		%	SEE BELOW

### HBA1c (%) Interpretation

- Below 6.0% - Normal Value
- 6.0% - 7.0% - Good Control
- 7.0% - 8.0% - Fair Control
- 8.0% - 10% - Unsatisfactory Control
- above 10% - Poor Control

**Method- Fully Automated H.P.L.C. Method using Bidirectional ,NGSP Certified.**

#### Clinical Information:

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

<b>AVERAGE BLOOD GLUCOSE</b>	117	90 - 120 Very Good Control 121 - 150 Adequate Control 151 - 180 Sub-optimal Control 181 - 210 Poor Control > 211 Very Poor Control
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**Dr. G P Shukla**  
M.D. Pathology  
R.M.C. No : 15151

**Technologist**

Abbreviations Meaning : H - High, L - Low, HHI - Critically High, LL - Critically Low, @ - Repeat  
 Test(s) performed on collected sample(s) received. please correlate with clinical finding & other related investigation. Subject to jaipur jurisdiction



Name <b>Mr. YOGESH KUMAR SHARMA</b>	Visit Date & Time 21/03/2024 15:58:34	<b>PATIENT ID 322361501</b>
Age 44 Yrs	Sample Accepted at : 21/03/2024 15:59:07	Ref. Lab Phaiya Diagonstic Center
Sex Male	Test Authenticated at : 21/03/2024 16:41:20	Ref. By



## HORMONES & MARKERS

Test Name	Value	Status	Unit	Biological Ref Interval
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### TOTAL THYROID PROFILE

<b>THYROID-TRIiodOTHYRONINE (T3)</b> Method : Chemiluminescence	1.02		ng/ml	0.6 - 1.78
<b>THYROID - THYROXINE (T4)</b> Method : Chemiluminescence	8.55		ug/dl	5.5 - 12.23
<b>THYROID STIMULATING HORMONE (TSH)</b> <b>Ultra Sensitive</b> Method : Chemiluminescence with serum	2.60		uIU/ml	0.35 - 5.6

*NOTE: In pregnancy total T3, T4 increase to 1.5 times the normal range.*

#### Reference Range (T3)

Premature Infants 26-30 Weeks , 3-4 days	0.24 - 1.32 ng/ml
Full-Term Infants 1-3 days	0.89 - 4.05 ng/ml
1 Week	0.91 - 3.00 ng/ml
1- 11 Months	0.85 - 2.50 ng/ml
Prepubertal Children	1.19 - 2.18 ng/ml

#### Reference Ranges ( T4 ) :

Premature Infants 26-30 weeks , 3-4 days	2.60 - 14.0 ug/dl
Full -Term Infants 1-3 days	8.20 - 19.9 ug/dl
1 weeks	6.0 - 15.9 ug/dl
1-11 Months	6.1 - 14.9 ug/dl
Prepubertal children 12 months-2yrs	6.8 - 13.5 ug/dl
prepubertal children 3-9 yrs	5.5 - 12.8 ug/dl

#### Reference Ranges (TSH)

Premature Infants 26-32 weeks , 3-4 Days	0.8 - 6.9 uIU/ml
Full Term Infants 4 Days	1.36 - 16 uIU/ml
Newborns : TSH surges within the first 15-60 Minutes of life reaching peak levels between 25- 60 uIU/ml at about 30 minutes. Values then deline repidly and after one week are within the adult normal range.	
1 - 11 Months	0.90 - 7.70 uIU/ml
Prepubertal children	0.60 - 5.50 uIU/ml

Primary malfunction of the thyroid gland may result in excessive(hyper) or low(hypo) release of T3 or T4. In additional, as TSH directly affect thyroid function, malfunction of the pituitary or the hypothalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the level of T3 and T4 in the blood, in Primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. IN addition, In Euthyroid sick Syndrom, multiple alterations in serum thyroid function test findings have been recognized.

**Dr. G P Shukla**  
M.D. Pathology  
R.M.C. No : 15151

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**Technologist**



20, Sector A, R. K. Puram, Kota - 324 010 Mob.: 7375945769

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## CANCER MARKER

Test Name	Value	Status	Unit	Biological Ref Interval
<b>PROSTATE SPECIFIC ANTIGEN (PSA) TOTAL</b>	2.73		ng/ml	0 - 4
Method : Tech.: ECLIA/Cobas e411				

Distribution of PSA assay Values:

1. Non-Malignant Conditions which can give values higher than 4 ng/ml. BPH, Prostatitis, Genitourinary diseases, Renal disease & Cirrhosis.
2. Malignant Disease of Prostate Cancer can also give PSA values less than 4.0 ng/ml Stage A & Stage B cancer, Few case of even Stage C & D.

COMMENTS:

Total PSA immunoassay, a quantitative in vitro diagnostic test for total (free + complexed) prostate-specific antigen (tPSA) in human serum and plasma, is indicated for the measurement of total PSA in conjunction with digital rectal examination (DRE) as an aid in the detection of prostate cancer in men aged 50 years or older. Prostate biopsy is required for diagnosis of prostate cancer.

SUMMARY AND EXPLANATION

Elevated concentrations of PSA in serum are generally indicative of a pathologic condition of the prostate (prostatitis, benign hyperplasia or carcinoma). As PSA is also present in para-urethral and anal glands, as well as in breast tissue or with breast cancer, low levels of PSA can also be detected in sera from women. The main areas in which PSA determinations are employed are the monitoring of progress and efficiency of therapy in patients with prostate carcinoma or receiving hormonal therapy. The steepness of the rate of fall in PSA down to no-longer detectable levels following radiotherapy, hormonal therapy or radical surgical removal of the prostate provides information on the success of therapy. An inflammation or trauma of the prostate (e.g. in cases of urinary retention or following rectal examination, cystoscopy, coloscopy, transurethral biopsy, laser treatment or ergometry) can lead to PSA elevations of varying duration and magnitude.

\*\*\* End of Report \*\*\*



**Dr. G P Shukla**  
M.D. Pathology  
R.M.C. No: 15151

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Test(s) performed on collected sample(s) received. please correlate with clinical finding & other related investigation. Subject to jaipur jurisdiction

**Technologist**



Lab No. : 210324-002

Date : 21-Mar-2024

Patient's Name : MR. YOGESH KUMAR SHARMA

Age/Sex : 44 Y /M

Referred By : C/O MSM HOSPITAL KOTA

Consultant Dr. : SELF

## LABORATORY INVESTIGATION REPORTS

Test	Patient's Value	Reference Value
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### URINE

URINE SUGAR Fasting

Absent

Absent

### HAEMATOLOGY

E.S.R  
(WINTROBES METHOD)

18 mm 1st hour

0 - 9 mm 1st hour

Blood Group

"O"

Rh (D) Factor

Positive

### BIOCHEMISTRY

URIC ACID

3.4 mg\dl

3.5 - 7.2 mg\dl

*Uric acid:- Uric acid is a metabolite found in purines, nucleic acid and nucleoproteins. Uric acid is excreted to a large degree by the kidneys and to a smaller degree in the intestinal tract by microbial degradation. Serum uric acid concentration varies from individual to individual depending on several factors viz. , sex ,diet, ethenic origin, genetic constitution and pregnancy. Increased levels are found in gout, arthritis, impaired renal renal function and starvation.*

*Decreased level are found in Wilsons disease, Fanconis syndrome and yellow atrophy of the liver.*

Patho/Technologist



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Consultant Dr. : SELF

Date : 21-Mar-2024  
Age/Sex : 44 Y/M

## LABORATORY INVESTIGATION REPORT

### LIVER FUNCTION TEST

Test	Patient's Value	Reference Value
TOTAL SERUM BILIRUBIN	0.7 mg\dl	0 - 1.8 mg\dl
DIRECT SERUM BILIRUBIN	0.2 mg\dl	< 0.3 mg\dl
INDIRECT S. BILIRUBIN	0.50 mg\dl	< 0.8 mg\dl
S.G.O.T	37.2 IU\l	UP to 45 IU/L
S.G.P.T ENZYMATIC	42.6 IU\l	UP to 40 IU/L
ALKALINE PHOSPHATASE PNPP (AMP)	102.1 IU\l	42 - 141 IU\l
TOTAL PROTEIN	5.8 g/dl	6.0 to 8.5 g/dl
ALBUMIN	3.8 g/dl	3.4 to 5.6 g/dl
GLOBULIN	2.0 g/dl	1.9 to 3.5 g/dl
A:G RATIO	1.90	1.2 TO 2.3

*Alkaline Phosphatase:- Serum ALP measurement of particular interest in the Hepatobiliary disease and in bone diseases. The main site of synthesis of this enzyme is hepatocytes adjacent to biliary canaliculi and active osteoblast. However, it is known that response of the liver to any form of Biliary tree obstruction is to synthesise more ALP.*

*Increased activity:- Serum ALP is increased in disease of bone including Metastasis, Rickets, Pagets disease and in healing fractures, Intrahepatic or extrahepatic obstructions in liver Elevated levels are seen in growing children due to new bone formation (Osteoblastic activity). Increased in ALP activity may often be the first indication of Hepatotoxic action of therapeutic drugs. Marked elevation in the absence of Jaundice but in the presence of primary source may be indicative of metastasis.*

*Decreased activity:- Low levels of ALP are found in a rare Congenital defect, Hypophosphatasemia and in pernicious Anaemia.*

*Protein:- Total protein is useful for monitoring gross changes in protein levels caused by various disease states. It is usually performed in conjugation with other tests such as serum albumin, liver function test or protein electrophoresis. An albumin/globulin ratio is often calculated to obtain additional information.*

*INCREASES:- in dehydration, multiple myeloma and chronic liver diseases.*

*DECREASES:- in renal diseases and terminal liver failure.*

Patho/Technologist



Lab No. : 210324-002

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Patient's Name : MR. YOGESH KUMAR SHARMA

Age/Sex : 44 Y/M

Referred By : C/O MSM HOSPITAL KOTA

Consultant Dr. : SELF

## LABORATORY INVESTIGATION REPORT

### RFT MINI

Test	Patient's Value	Reference Value
UREA	39.2 mg\dl	15-45 mg\dl
CREATININE	1.2 mg\dl	0.5-1.4 mg\dl



Patho/Technologist



Lab No. :210324-002

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Age/Sex :44 Y/M

Referred By :C/O MSM HOSPITAL KOTA

Consultant Dr. :SELF

## LABORATORY INVESTIGATION REPORT

### LIPID PROFILE

Test	Patient's Value	Reference Value
<b>LIPID PROFILE</b>		
S. CHOLESTROL CHOD-PAP	142.2 mg\dl	130- 250 mg\dl
S. HDL CHOLESTROL	44.0 mg\dl	30-65 mg\dl
S. TRIGLYCERIDE	98.6 mg\dl	40-180 mg\dl
S. LDL CHOLESTROL	78.48 mg/dl	Upto 180 mg/dl
S. VLDL CHOLESTROL	19.72 mg/dl	15 - 45 mg%
CHOL / HDL RATIO	3.23 Ratio	Desirable level:<4.3 Borderline level: 4.4 - 11 High level > 11
LDL / HDL RATIO	1.78 Ratio	Desirable level:<3.0 Borderline level: 3.0-6.0 High level >6.0

*CHOLESTEROL is a fat soluble steroid found in the animal fats and oils. It is distributed in the Blood, Brain, Liver, Kidney and the nerve fibers myelin sheaths. It is an essential component of the cell membrane development and production of Bile Acid, Adrenal Steroids and Sex hormones. Cholesterol Test detects disorders of blood lipids and indicate potential risk for atherosclerotic coronary artery disease.*

*HDL CHOLESTEROL is a class of lipoproteins produced by liver and intestines. HDL comprised of phospholipids and one or two apolipoproteins. It plays a role in the metabolism of the other lipoproteins and in cholesterol transport from peripheral tissues to the liver. Decreased HDL level are atherogenic. Elevated HDL level protect against arteriosclerosis by removing cholesterol from vessel walls and transporting it to the liver where it is removed from the body. HDL Cholesterol test assesses Coronary Artery Disease Risk and monitor persons with low HDL levels.*

*LDL & VLDL , The LDL Cholesterol are the cholesterol rich remanants of the VLDL lipid transport vehicle. LDL mainly catabolized in the liver and also in nonhepatic cells. The VLDL are major carriers of triglycerides. This test done to determine Coronary Heart Disease Risk. The LDLs are closely associated with increased incidence of atherosclerosis and CHD.*

*TRIGLYCERIDES account for more than 90% of dietary intake and comprise 95 % of fat stored in tissue. It is insoluble in water are the main plasma glycerol ester. This test evaluates suspected atherosclerosis and measures the body's ability to metabolize fat. Elevated triglycerides together with elevated cholesterol are atherosclerotic disease risk factors.*

Patho/Technologist



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Patient's Name :MR. YOGESH KUMAR SHARMA

Age/Sex :44 Y/M

Referred By :C/O MSM HOSPITAL KOTA

Consultant Dr. :SELF

## LABORATORY INVESTIGATION REPORT

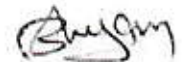
### FASTING/POST PRANDIAL BLOOD GLUCOSE

Test	Patient's Value	Reference Value
Fasting Blood Glucose	78.3 mg/dl	60-110 mg/dl
Post Prandial Blood Glucose	82.5 mg/dl	70-140mg/dl

*Blood Sugar:- Glucose estimation provides valuable information about the course, severity and therapeutic control of diabetis mallitus. Fasting glucose levels exceeding 110 mg/dl and 2 hrs Post prandial glucose levels exceeding 160mg/dl indicate a strong possibility of Diabetis mallitus. if in an oral glucose tolerance test, the plasma glucose level of 2 hrs. sample exceeds 160 mg/dl, the diagnosis of Diabetis mallitus is established. in impaired tolerance the 2 hrs. plasma glucose lies between 160mg/dl*

*increased concentration:- Hyperglycemia may occur in Diabetis mallitus, in patients receiving intravenous fluids containing glucose and during severe stress and cerebrovascular accident.*

*Decreased Concentration:- Hypoglycemia may be the result of an insulinoma, insulin administration, inborn errors of corbohydrate matabolism of fasting.*



Patho/Technologist

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Patient's Name :MR. YOGESH KUMAR SHARMA

Age/Sex :44 Y/M

Referred By :C/O MSM HOSPITAL KOTA

Consultant Dr. :SELF

## LABORATORY INVESTIGATION REPORT

### URINE EXAMINATION

Test	Patient's Value	Reference Value
<u>PHYSICAL EXAMINATION</u>		
Quantity	15 ml	
Colour	Pale Yellow	Pale Yellow
Appearance	Clear	Clear
Deposits	Absent	Absent
Specific Gravity	Q.N.S.	
<u>CHEMICAL EXAMINATION</u>		
Reaction	Acidic	Acidic
Sugar	Nil	Nil.
Albumin	Nil	Nil.
<u>MICROSCOPIC EXAMINATION</u>		
Epithelial Cells	0-1/hpf	
Pus Cells	1-2/hpf	3-5/hpf
Red Blood Cells	Nil	Nil.
Crystals	Nil	Nil.
Amorphous Material	Absent	Absent
Casts	Absent	Absent
Bacteria	Absent	Absent

Remarks:-

Urine sugar test done by Benedict's qualitative method.

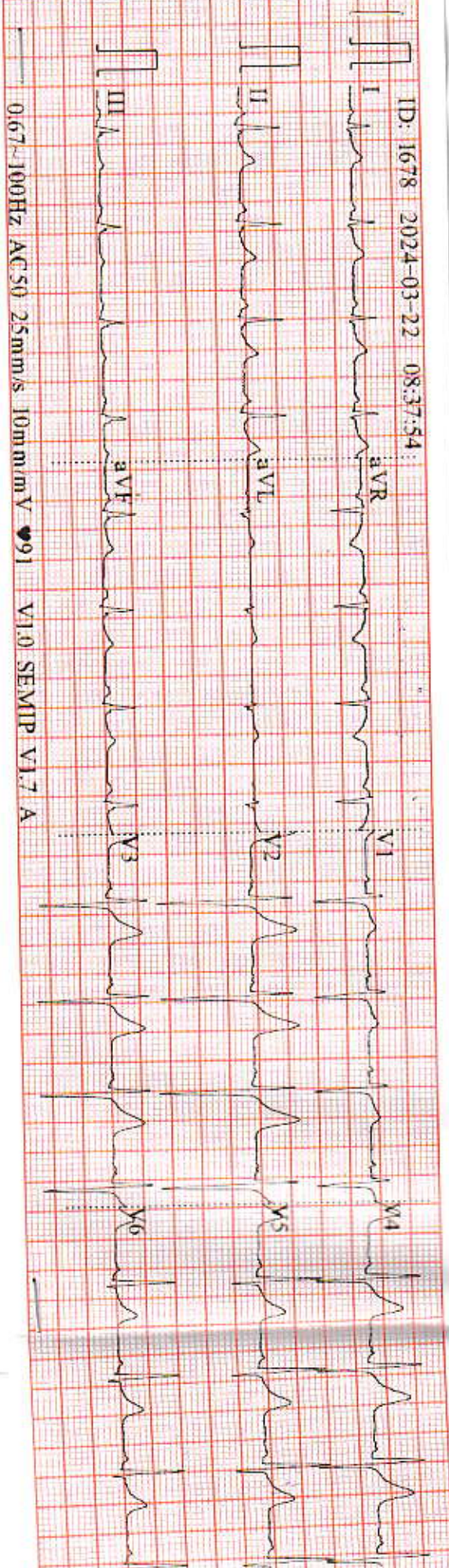
Test give positive result when Glucose, Galactose, Lactose, Fructose, Maltose, Pentose present in urine.

Test give False positive result when Ascorbic acid, Homogentisic acid, Many antibiotics (Anti-tubercular drugs) Phenothiazines, Salicylates, Levodopa present in urine.

Patho/Technologist



ID: 1678 2024-03-22 08:37:54



0.67 100Hz AC 50 25mm/s 10mm/mV 91 V1.0 SEMIP V1.7 A

R  
PA

PHAIYA DIAGNOSTIC CENTRE 137 VIVEKANAND NAGAR, KOTA  
Mr.Yogesh Kumar Sharma 39Y Chest "PA"View : 22 Mar 2024

