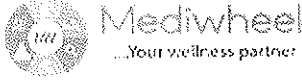


Mediwheel <wellness@mediwheel.in>

Fri 3/29/2024 10:10 AM

To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>

Cc:customer@mediwheel.in <customer@mediwheel.in>



011-41195959

Hi **Manipal Hospital,**

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

Hospital Package Name : Mediwheel Full Body Health Checkup Male Above 40

Patient Package Name : MediWheel Full Body Health Checkup Male 40 To 50

Hospital Address : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links
Aparment

Contact Details : 9868753368

Appointment Date : 29-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 9:30am

Member Information		
Booked Member Name	Age	Gender
ASHOK KUMAR	41 year	Male

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team
Please Download Mediwheel App



You have received this mail because your e-mail ID is registered with **Arcofemi Healthcare Limited** This is a system-generated e-mail please don't reply to this message.

Please visit to our **Terms & Conditions** for more informaion. [Click here](#) to unsubscribe.

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter

New Window



Union Bank of India
RO - DELHI SOUTH
6th Floor,602A,Tower-2 Konnectus
Building, Airport Metro Express Line,
Opp.New Delhi Railway Station

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 40-50 Male

Shri/Smt./Kum. ASHOK KUMAR.,

P.F. No. 775188 Designation : Peon

Checkup for Financial Year 2023-2024 Approved Charges Rs. 3500.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup 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,

(Handwritten signature)
(Signature of the Employee)

Yours Faithfully,

(Handwritten signature)
BRANCH MANAGER/SENIOR MANAGER

PS. : Status of the application- Sanctioned

Health checkup at tie-up Ctr | HealthChkup Authorisatn letter





नाम : अशोक कुमार

Name : Ashok Kumar

कार्यकारी क्र. / Employee No. : 775188

जन्म तिथि / Birth Date : 14-10-1982


रक्त समूह / Blood Group : O+ve

हस्ताक्षर / Signature

जारी करने का स्थान : क्षेत्रीय कार्यालय दिल्ली (दक्षिण)
Place of Issue : No Delhi (South)

जारी करने की तारीख : 06/नवम्बर/2020
Date of Issue : 06-11-2020

जारीकर्ता प्राधिकारी / Issuing Authority


अशोक कुमार



भारत सरकार



अशोक कुमार
Ashok Kumar
जन्म तिथि/DOB: 14/10/1982
पुरुष/ MALE
Mobile No: 9868753368
8084 8008 5113
VID : 9160 1500 3274 0752



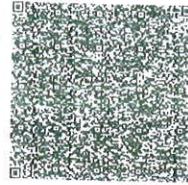
आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

पता:
S/O: सुरेन्द्र सिंह, हाउस नंबर - ए - 150, 25 फूटा रोड,
मीत नगर, तुख्मीर पुर, नार्थ ईस्ट,
दिल्ली - 110094
Address :
S/O: Surender Singh, House Number - A -
150, 25 futa Road, Meet Nagar, Tukhmir
Pur, North East,
Delhi - 110094



Download Date: 26/05/2018
Generation Date: 28/04/2018

8084 8008 5113
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1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No. 1947,
Bengaluru-560 001

अशोक कुमार



LABORATORY REPORT

Name	: MR ASHOK KUMAR	Age	: 41 Yr(s) Sex :Male
Registration No	: MH011809357	Lab No	: 202403004265
Patient Episode	: H18000002014	Collection Date	: 29 Mar 2024 10:25
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Mar 2024 16:07
Receiving Date	: 29 Mar 2024 10:25		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	0.900	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	5.820	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.890	µIU/mL	[0.250-5.000]

NOTE:

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect. In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low. The TSH assay aids in diagnosing thyroid or hypophysial disorders. The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.

**LABORATORY REPORT**

Name : MR ASHOK KUMAR Age : 41 Yr(s) Sex : Male
 Registration No : MH011809357 Lab No : 202403004265
 Patient Episode : H18000002014 Collection Date : 29 Mar 2024 10:25
 Referred By : HEALTH CHECK MGD Reporting Date : 29 Mar 2024 16:42
 Receiving Date : 29 Mar 2024 10:25

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type : Serum			
PROSTATE SPECIFIC ANTIGEN (PSA-Total):	0.820	ng/mL	[<2.500]

Method : ELFA

Note : 1. This is a recommended test for detection of prostate cancer along with Digital Rectal Examination (DRE) in males above 50 years of age
 damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.
 2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
 3. PSA levels may appear consistently elevated / depressed due to the interference by hetero antibodies & nonspecific protein binding
 4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massag indwelling catheterization, and ultrasonography and needle biopsy of prostate is not recomme as they falsely elevate levels
 5. PSA values regardless of levels should not be interpreted as absolute evidence of the pre or absence of disease. All values should be correlated with clinical findings and results of other investigations
 6. Sites of Non - prostatic PSA production are breast epithelium, salivary glands, peri - urethral & anal glands, cells of male urethra && breast mil
 7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity

Recommended Testing Intervals

- * Pre-operatively (Baseline)
- * 2-4 days post-operatively
- * Prior to discharge from hospital
- * Monthly follow-up if levels are high or show a rising trend

**LABORATORY REPORT**

Name : MR ASHOK KUMAR Age : 41 Yr(s) Sex : Male
Registration No : MH011809357 Lab No : 202403004265
Patient Episode : H18000002014 Collection Date : 29 Mar 2024 10:25
Referred By : HEALTH CHECK MGD Reporting Date : 29 Mar 2024 16:36
Receiving Date : 29 Mar 2024 10:25

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
------	--------	------	-------------------------------

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing O Rh(D) Positive

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

Page 3 of 3

NOTE:

- Abnormal Values

-----END OF REPORT-----

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name	: MR ASHOK KUMAR	Age	: 41 Yr(s) Sex :Male
Registration No	: MH011809357	Lab No	: 202403004265
Patient Episode	: H18000002014	Collection Date	: 29 Mar 2024 10:25
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Mar 2024 14:29
Receiving Date	: 29 Mar 2024 10:25		

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	5.01	millions/cumm	[4.50-5.50]
HEMOGLOBIN	15.0	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	45.1	%	[40.0-50.0]
MCV (DERIVED)	90.0	fL	[83.0-101.0]
MCH (CALCULATED)	29.9	pg	[25.0-32.0]
MCHC (CALCULATED)	33.3	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	14.0	%	[11.6-14.0]
Platelet count	150	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
WBC COUNT (TC) (IMPEDENCE)	4.39	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	61.0	%	[40.0-80.0]
Lymphocytes	28.0	%	[20.0-40.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	3.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	11.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name	: MR ASHOK KUMAR	Age	: 41 Yr(s) Sex :Male
Registration No	: MH011809357	Lab No	: 202403004265
Patient Episode	: H18000002014	Collection Date	: 29 Mar 2024 11:58
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Mar 2024 16:20
Receiving Date	: 29 Mar 2024 11:58		

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.015	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	0-1/hpf	(0-2/hpf)
Epithelial Cells	0-1 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	



LABORATORY REPORT

Name	: MR ASHOK KUMAR	Age	: 41 Yr(s) Sex :Male
Registration No	: MH011809357	Lab No	: 202403004265
Patient Episode	: H18000002014	Collection Date	: 29 Mar 2024 10:25
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Mar 2024 16:30
Receiving Date	: 29 Mar 2024 10:25		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	4.9	%	[0.0-5.6]
<p>As per American Diabetes Association (ADA) HbA1c in % Non diabetic adults ≥ 18 years < 5.7 Prediabetes (At Risk) 5.7-6.4 Diagnosing Diabetes ≥ 6.5</p>			
Estimated Average Glucose (eAG)	94	mg/dl	
<p>Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.</p>			

KIDNEY PROFILE

Specimen: Serum			
UREA Method: GLDH, Kinatic assay	16.4	mg/dl	[15.0-40.0]
BUN, BLOOD UREA NITROGEN Method: Calculated	7.7 #	mg/dl	[8.0-20.0]
CREATININE, SERUM Method: Jaffe rate-IDMS Standardization	0.86	mg/dl	[0.70-1.20]
URIC ACID Method: uricase PAP	6.6	mg/dl	[4.0-8.5]
SODIUM, SERUM	138.30	mmol/L	[136.00-144.00]



LABORATORY REPORT

Name	: MR ASHOK KUMAR	Age	: 41 Yr(s) Sex :Male
Registration No	: MH011809357	Lab No	: 202403004265
Patient Episode	: H18000002014	Collection Date	: 29 Mar 2024 10:25
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Mar 2024 16:05
Receiving Date	: 29 Mar 2024 10:25		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
POTASSIUM, SERUM	4.41	mmol/L	[3.60-5.10]
SERUM CHLORIDE	104.3	mmol/L	[101.0-111.0]

Method: ISE Indirect

eGFR (calculated) 107.7 ml/min/1.73sq.m [>60.0]
 Technical Note
 eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.

LIVER FUNCTION TEST

BILIRUBIN - TOTAL Method: D P D	0.61	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.08	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.53	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.20	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.62	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.60	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.79		[1.00-2.50]



LABORATORY REPORT

Name : MR ASHOK KUMAR
 Registration No : MH011809357
 Patient Episode : H18000002014
 Referred By : HEALTH CHECK MGD
 Receiving Date : 29 Mar 2024 10:25
 Age : 41 Yr(s) Sex :Male
 Lab No : 202403004265
 Collection Date : 29 Mar 2024 10:25
 Reporting Date : 29 Mar 2024 16:06

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
AST (SGOT) (SERUM) Method: IFCC W/O P5P	38.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	47.90	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	95.0 #	IU/L	[32.0-91.0]
GGT	19.0	U/L	[7.0-50.0]

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

-----END OF REPORT-----

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name	: MR ASHOK KUMAR	Age	: 41 Yr(s) Sex :Male
Registration No	: MH011809357	Lab No	: 202403004266
Patient Episode	: H18000002014	Collection Date	: 29 Mar 2024 10:25
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Mar 2024 14:00
Receiving Date	: 29 Mar 2024 10:25		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	93.0	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),
Drugs-
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

-----END OF REPORT-----

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name	: MR ASHOK KUMAR	Age	: 41 Yr(s) Sex :Male
Registration No	: MH011809357	Lab No	: 202403004267
Patient Episode	: H18000002014	Collection Date	: 29 Mar 2024 15:29
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Mar 2024 16:40
Receiving Date	: 29 Mar 2024 15:29		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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PLASMA GLUCOSE

Specimen: Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	110.0	mg/dl	[80.0-140.0]
Method: Hexokinase			

Note:

Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption, post exercise

-----END OF REPORT-----

Page 7 of 7

Dr. Alka Dixit Vats
Consultant Pathologist

**RADIOLOGY REPORT**

NAME	MR Ashok KUMAR	STUDY DATE	29/03/2024 11:08AM
AGE / SEX	41 y / M	HOSPITAL NO.	MH011809357
ACCESSION NO.	R7143433	MODALITY	CR
REPORTED ON	29/03/2024 11:56AM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW**FINDINGS:**

LUNGS: Normal.
TRACHEA: Normal.
CARINA: Normal.
RIGHT AND LEFT MAIN BRONCHI: Normal.
PLEURA: Normal.
HEART: Normal.
RIGHT HEART BORDER: Normal.
LEFT HEART BORDER: Normal.
PULMONARY BAY: Normal.
PULMONARY HILA: Normal.
AORTA: Normal.
THORACIC SPINE: Normal.
OTHER VISUALIZED BONES: Normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

No significant abnormality noted.

Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

*****End Of Report*****



NAME	MR Ashok KUMAR	STUDY DATE	29/03/2024 11:55AM
AGE / SEX	41 y / M	HOSPITAL NO.	MH011809357
ACCESSION NO.	R7143434	MODALITY	US
REPORTED ON	29/03/2024 12:04PM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: appears normal in size (measures 148 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 75 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 10.5 mm.

COMMON BILE DUCT: Appears normal in size and measures 2.9 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

Right Kidney: measures 89 x 45 mm.

Left Kidney: measures 91 x 54 mm.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 30 x 26 x 24 mm with volume 9 cc. Rest normal.

SEMINAL VESICLES: Normal.

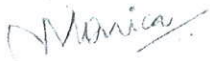
BOWEL: Few thick walled, nondilated, peristaltic jejunal small bowel loops are seen in abdomen likely infective/inflammatory /nonspecific jejunitis.

IMPRESSION

-Diffuse grade I fatty infiltration in liver.

-Few thick walled, nondilated, peristaltic jejunal small bowel loops seen in abdomen likely infective/inflammatory /nonspecific jejunitis.

Recommend clinical correlation.



Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

*****End Of Report*****

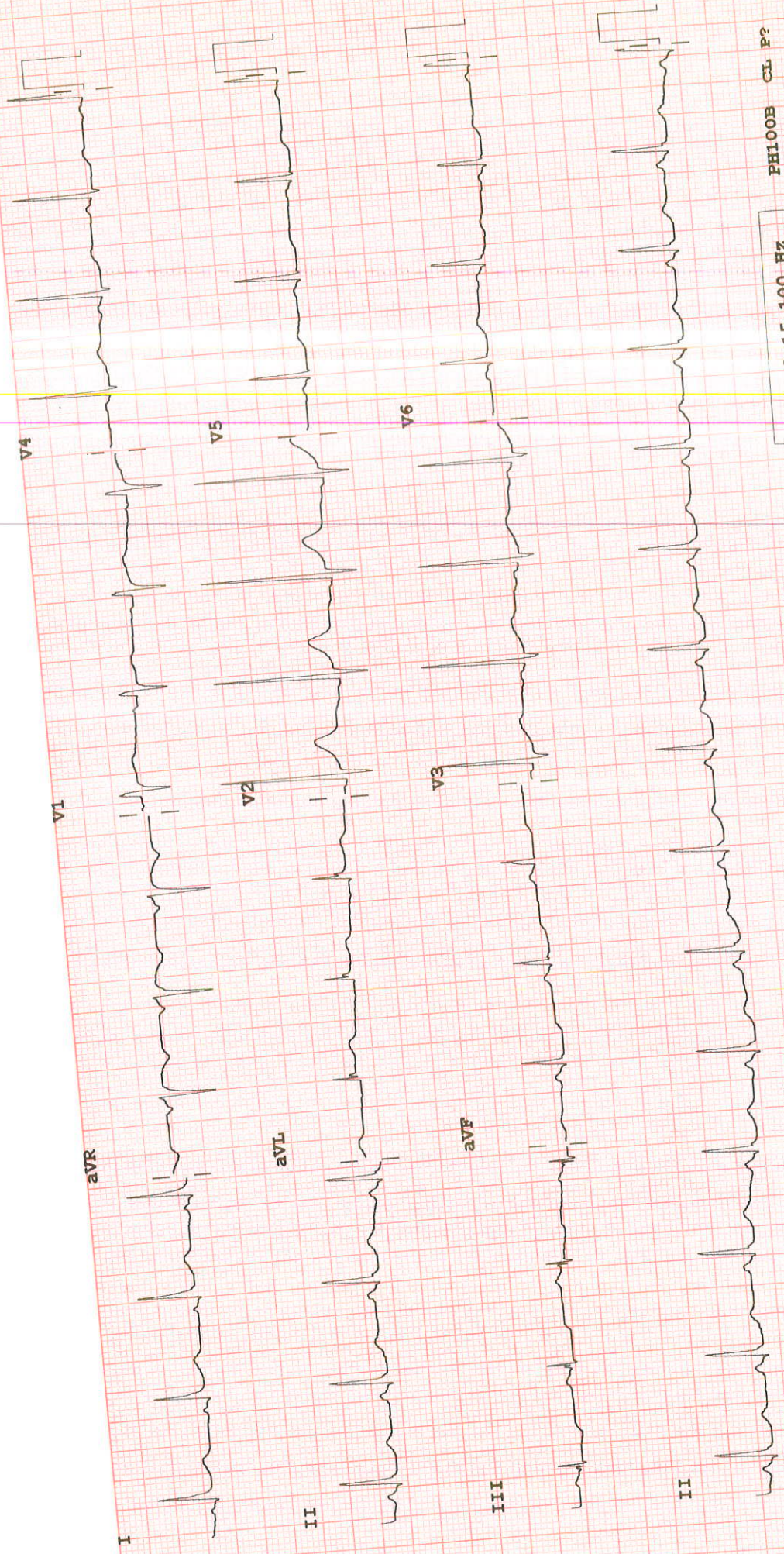
ASHOK KUMAR

29/03/2024 12:49:24

11809357

Unconfirmed Diagnosis

- OTHERWISE NORMAL ECG -



F 60 ~ 0.15-100 Hz

PH100B CL P?

Chest: 10.0 mm/mV

Limb: 10 mm/mV

Speed: 25 mm/sec

Dev:



Patient Name	MR ASHOK KUMAR	Location	: Ghaziabad
Age/Sex	: 41 Year(s)/male	Visit No	: V000000001-GHZB
MRN No	MH011809357	Order Date	: 29/03/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 29/03/2024

Protocol : Bruce **MPHR** : 179BPM
Duration of exercise : 9min 20sec **85% of MPHR** : 152BPM
Reason for termination : THR achieved **Peak HR Achieved** : 180BPM
Blood Pressure (mmHg) : Baseline BP : 120/80mmHg **% Target HR** : 100%
 Peak BP : 150/90mmHg **METS** : 10.6METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	59	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	108	130/90	Nil	No ST changes seen	Nil
STAGE 2	3:00	140	140/90	Nil	No ST changes seen	Nil
STAGE 3	3:00	174	150/90	Nil	No ST changes seen	Nil
STAGE 4	0:20	178	150/90	Nil	No ST changes seen	Nil
RECOVERY	4:13	92	130/80	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

IMPRESSION:

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh

MD, DM (CARDIOLOGY), FACC
Sr. Consultant Cardiology

Dr. Abhishek Singh

MD, DNB (CARDIOLOGY), MNAMS
Sr. Consultant Cardiology

Dr. Sudhanshu Mishra

MD
Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P : 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com