

Patient Name : Mrs.SWAPNA PATANGE
 Age/Gender : 35 Y 11 M 20 D/F
 UHID/MR No : CMAN.0000102159
 Visit ID : CMANOPV218636
 Ref Doctor : Self
 Emp/Auth/TPA ID : 9920144559

Collected : 05/Oct/2024 09:43AM
 Received : 05/Oct/2024 01:48PM
 Reported : 05/Oct/2024 03:14PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.6	g/dL	12.5-15	Spectrophotometer
PCV	37.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.46	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	83.9	fL	83-101	Calculated
MCH	28.2	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,780	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61	%	40-80	Flow cytometry
LYMPHOCYTES	30	%	20-40	Flow cytometry
EOSINOPHILS	1	%	1-6	Flow cytometry
MONOCYTES	8	%	2-10	Flow cytometry
BASOPHILS	0	%	0-2	Flow cytometry
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3525.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1734	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	57.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	462.4	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.03		0.78- 3.53	Calculated
PLATELET COUNT	278000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	19	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC WBC WITHIN NORMAL LIMITS PLATELETS ARE ADEQUATE ON SMEAR NO HEMOPARASITES SEEN IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE				

B. Pawani
 Dr B Pawani
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist

Page 1 of 8
CAP
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SIN No:CMK241000439

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

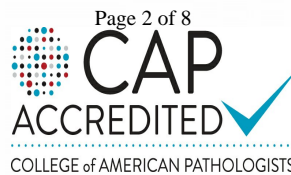
Patient Name : Mrs.SWAPNA PATANGE
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324


Dr B Pavani
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

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SIN No:CMK241000439

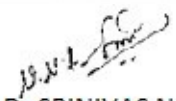
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Age/Gender : 35 Y 11 M 20 D/F	Received : 05/Oct/2024 01:48PM
UHID/MR No : CMAN.0000102159	Reported : 05/Oct/2024 09:08PM
Visit ID : CMANOPV218636	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate technology
Rh TYPE	Negative			Microplate technology



Dr.SRINIVAS N.S.NORI
M.B.B.S,M.D(Pathology)
CONSULTANT PATHOLOGY

SIN No:CMK241000439

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
Door No : 8-1-284/OU/439 & 8-1-284/OU/440, O. U. Colony, Manikonda
Road, Shaikpet., Manikonda, Hyderabad, Telangana, India - 500008



APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) **Andhra Pradesh:** Vizag (Seethamma Peta) **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla) **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) **Uttar Pradesh:** Ghaziabad (Indrapuram) **Gujarat:** Ahmedabad (Satellite) **Punjab:** Amritsar (Court Road) **Haryana:** Faridabad (Railway Station Road)

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Age/Gender : 35 Y 11 M 20 D/F	Received : 05/Oct/2024 01:20PM
UHID/MR No : CMAN.0000102159	Reported : 05/Oct/2024 01:55PM
Visit ID : CMANOPV218636	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	99	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



Dr. Matta Sujana Reddy
M.B.B.S., M.D (Biochemistry)
Consultant Biochemist



Patient Name : Mrs.SWAPNA PATANGE	Collected : 05/Oct/2024 11:38AM
Age/Gender : 35 Y 11 M 20 D/F	Received : 05/Oct/2024 04:22PM
UHID/MR No : CMAN.0000102159	Reported : 05/Oct/2024 05:29PM
Visit ID : CMANOPV218636	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	104	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.
 Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Maruthi Prasad
 Dr.E.Maruthi Prasad
 PhD (Biochemistry)

Sujana Reddy
 Dr.Matta Sujana Reddy
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM	11	U/L	<35	IFCC

Comment:

ALT elevations are noted in liver parenchymal diseases, leading to injury / destruction of hepatocytes. ALT levels are seen to be elevated even before the signs and symptoms of the liver injury appear. The ALT levels remain high longer in blood as compared to AST levels. And though both the enzymes increase in liver injury, the rise in ALT is more compared to AST, thus also altering the ALT:AST ratio.

Test Name	Result	Unit	Bio. Ref. Interval	Method
BILIRUBIN, TOTAL, SERUM	0.73	mg/dL	0.3-1.2	DPD

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN/CREATININE RATIO, SERUM				
BLOOD UREA NITROGEN	10.2	mg/dL	8.0 - 23.0	Calculated
CREATININE	0.68	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
BUN / CREATININE RATIO	14.99			Calculated

Test Name	Result	Unit	Bio. Ref. Interval	Method
CREATININE, SERUM	0.68	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic



Dr. Matta Sujana Reddy
 M.B.B.S., M.D (Biochemistry)
 Consultant Biochemist



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UHID/MR No : CMAN.0000102159	Reported : 05/Oct/2024 02:36PM
Visit ID : CMANOPV218636	Status : Final Report
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Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.024		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	POSITIVE+		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	POSITIVE++		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	11	/hpf	0-5	Microscopy
EPITHELIAL CELLS	5	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	ABSENT	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT	/hpf	Occasional-Few	Microscopy

VERIFIED MANUAL

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

M. Muttavarapu Viswanath

Dr. Muttavarapu Viswanath
M.B.B.S., M.D (Pathology)
Consultant Pathologist



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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

M. Muttavarapu Viswanath

Dr. Muttavarapu Viswanath
M.B.B.S., M.D (Pathology)
Consultant Pathologist



SIN No: CMK241000442

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

M. Muttavarapu Viswanath

Dr. Muttavarapu Viswanath
M.B.B.S., M.D (Pathology)
Consultant Pathologist



Patient Name	: Mrs. Swapna Patange	Age	: 35Yrs 11Mths 23Days
UHID	: CMAN.0000102159	OP Visit No.	: CMANOPV218636
Printed On	: 06-10-2024 07:28 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 9920144559		

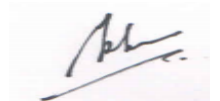
DEPARTMENT OF RADIOLOGY

X RAY CHEST PA

Cardiac is normal.
Both lungs fields appear normal.
Both hilae are normal.
Both costophrenic and cardiophrenic angles are normal.
The cardiac and mediastinal shadows appear normal.
Bones and soft tissues appear normal.

IMPRESSION : NORMAL STUDY.

---End Of The Report---



Dr. MD RAHEEMUDDIN QURESHI
MBBS, DMRT
43212
Radiology

Your appointment is confirmed

From noreply@apolloclinics.info <noreply@apolloclinics.info>
Date Thu 10/3/2024 5:38 PM
To network@mediwheel.in <network@mediwheel.in>
Cc Manikonda Clinic <manikonda@apolloclinic.com>; Ramya Tata <ramya.t@apolloclinic.com>; Syamsunder M <syamsunder.m@apollohl.com>



Dear Swapna Patange,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **MANIKONDA clinic** on **2024-10-05** at **08:15-08:30**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL PMC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324]


"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

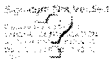
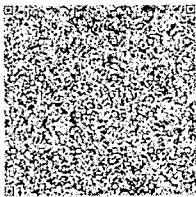



భారత ప్రభుత్వం
Government of India

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Unique Identification Authority of India



6జిఎస్ఎన్/ Enrolment No.: 0000/00985/98100

To
పాటాంజీ స్వామి
Patange Swapna
Patange Raju
4-3-215/12
Kanda Swamy lane
Hanuman Tekdi , Abids
Totaguda
Hyderabad Telangana - 500001
9246791225





మీ ఆధార్ సంఖ్య / Your Aadhaar No. :
4004 8619 6139
VID : 9199 3037 7757 0806

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం
Government of India



పాటాంజీ స్వామి
Patange Swapna
జన్మ తేదీ/DOB: 16/10/1988
FEMALE

4004 8619 6139
VID : 9199 3037 7757 0806

నా ఆధార్, నా గుర్తింపు






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Government of India

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Unique Identification Authority of India


సమాచారము / INFORMATION

- ఆధార్ అనేది గుర్తింపు ఖాతా, పౌరత్వానికి కాదు.
- ఆధార్ ప్రతిఫలపత్రం మరియు మారణోత్పత్తినంది
- ముఖ్య QR కోడ్/ఆఫ్లైన్ XML/ఆన్లైన్ ప్రమాణీకరణకు సంయుక్తంగా గుర్తింపును ప్రామాణీకరించండి.
- ఆధార్ లెటర్, PVC కార్డు, eఆధార్ మరియు mఆధార్ వంటి అన్ని రకాల ఆధార్ లు సమానంగా చెల్లుబాటు అవుతాయి. 12 అంకాల ఆధార్ నెంబర్ ప్రాంతంలో వచ్చిన ఆధార్ వివరాలే (VID)ని మాత్రం ఉపయోగించవచ్చు.
- దీనిని 10 సంవత్సరాలకు ఒకసారి ఆధార్ ను అప్డేట్ చేయండి.
- వివిధ ప్రభుత్వ మరియు ప్రభుత్వాల ప్రయోజనాలను/సేవలను పొందడంలో ఆధార్ మీకు సహాయపడుతుంది.
- మీ మొదటి నెంబర్ మరియు రె-మెంబర్ వంటివి ఆధార్ లో అనుమతించబడవు.
- ఆధార్ మీకును పొందడంకు ప్రార్థన చేసినట్లయితే, ఆధార్ మీకును అందించబడుతుంది.
- దత్తవస్తు విస్తారించడానికి లాక్/అన్లాక్ ఆధార్/బయోమెట్రిక్స్ సేవల్ని ఉపయోగించండి.
- ఆధార్ ను అప్డేట్ చేయడానికి సమర్థులైన పౌరజనాలను సంబంధించి.
- Aadhaar is a proof of identity, not of citizenship.
- Aadhaar is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number.
- Update Aadhaar at least once in 10 years
- Aadhaar helps you avail various Government and Non- Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app on smart phones to avail Aadhaar Services.
- Use the feature of lock/unlock Aadhaar/biometrics to ensure security.
- Entities seeking Aadhaar are obligated to seek due consent.

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

చిరునామా:
పాటాంజీ స్వామి, 4-3-215/12, కాండా స్వామి లాన్, హనుమాన్ టెక్డి, అబిడ్స్, తోటాగూడా, హైదరాబాద్ - 500001



Address:
Patange Raju, 4-3-215/12, Kanda Swamy lane, Hanuman Tekdi , Abids, Totaguda, Hyderabad, Telangana - 500001

4004 8619 6139
VID : 9199 3037 7757 0806

నా ఆధార్, నా గుర్తింపు

1947 | help@uidai.gov.in | www.uidai.gov.in

The Apollo Clinic- Manikonda
PHYSICAL EXAMINATION FORM

DATE 05/10/24

UHID CRADL.102159

Name Mrs. Swapna

Age 35 Y / F

Height cms

Weight kgs

Chest Measurement (In) cm (Out) cm

Waist cm Hip

Pulse Bt / Min BMI

BP mmHg SPO2

Mrs. swapna p
ID: cman.102159

35 Years
Female

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 66 ms
QT / QTcBaz : 444 / 454 ms
PR : 160 ms
P : 84 ms
RR / PP : 956 / 952 ms
P / QRS / T : 36 / 60 / 41 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG

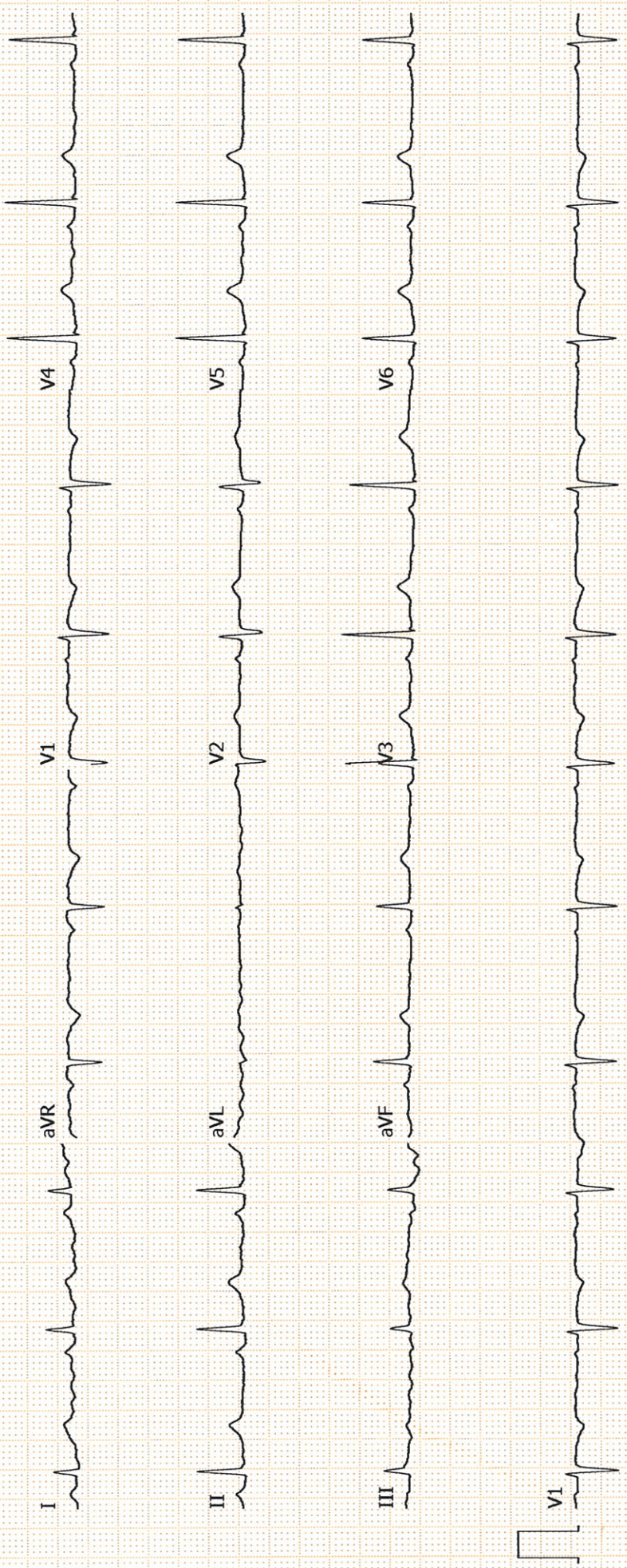
05.10.2024 10:28:56
APOLLO CLINIC
MANIKONDA
HYDERABAD

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

63 bpm
-- / -- mmHg

Imp: WNL



GLASS PRESCRIPTION

DATE: 05/10/24

UHID: CMAN.0000102159

PATIENT NAME: Mrs. Swapna Patange.

AGE/ GENDER: 35/F

	UAVA	SPH	CYL	AXIS	ADD	BCVA
OD	b/c 6/6	0.00	0.50	180	N6.	
OS	6/6	—	Plano	—	N6.	

COLOR VISION : BE: Normal.

INSTRUCTIONS: - Need to wear glasses Regularly.
- Next Checkup after 6 months.

Sign
SIGNATURE

CERTIFICATE OF MEDICAL FITNESS

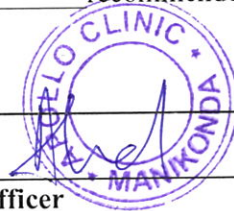
This is to certify that I have conducted the clinical examination

of Mrs. Swapna. Patange on 07-10-2024

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended • Unfit 	

Dr. _____
 Medical Officer
 The Apollo Clinic, (Location)



This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

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