

Health Check up Booking Request(43E1451)

1 message

18 October 2024 at 15:17

Medsave <it@medsave.in>  
To: healthcareshridurga@gmail.com  
Cc: customercare@mediwheel.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 : Manvinder Kaur  
Proposal No : 134648437  
Branch Code : 310  
Contact Details : 9871177331  
Location : D63, Har Gyan Singh Arya Marg, South Extension I, Block D, New Delhi, Delhi 110049  
Appointment Date : 19-10-2024

Member Information		
Booked Member Name	Age	Gender
Manvinder Kaur	35 year	Male

Included Test -

- HbA1c
- Urine Analysis
- Hb%
- SBT-13 with Elisa Method HIV test
- Computerised Tread Mill Test (TMT)
- ECG

Thanks,  
Medsave  
Team




**भारत सरकार**  
**Government of India**


**मनविंदर कौर**  
**Manvinder Kaur**  
**जन्म तिथि / DOB : 23/03/1976**  
**लिंग / Gender : Female**



**3326 2836 3480**

**आधार - आम आदमी का अधिकार**


**आदर्श**  
**Unique Identification Authority of India**

**पता**  
**अधीनस्थ: गुरप्रीत सिंह बघिया**  
**हाउस नं-11, रोड नं-23, पंजाबी बाग**  
**एक्सटेंशन, पंजाबी बाग, पश्चिम**  
**दिल्ली, पंजाबी बाग, दिल्ली 110026**

**Address**  
**W/O: Gurpreet Singh Bhalia,**  
**House No-11, Road No-23,**  
**Punjabi Bagh Extension, Punjabi**  
**Bagh, West Delhi, Punjabi Bagh,**  
**Delhi, 110026**

**3326 2836 3480**

 1802 330 1847  
 help@uidai.gov.in  
 www.uidai.gov.in

*Manvinder Kaur*

Dr. *PREET* HIMAN  
M.B.B.S



**IDENTIFICATION & DECLARATION FORMAT**

To,  
LIC of India  
Branch Office

310

Proposal No

134648437

Name of Life to be assured:

Manvinder Kaur

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

Aadhar

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which report/s are enclosed.

I hereby declare that the person examined has signed (affixed his/her thumb impression) in the space earmarked below, in my presence and I am not related to him/her or the Agent or the Development Officer.

19/10/24

Dated at

ND

day of 2024

at 9

a.m/p.m.

Signature of the Pathologist/Doctor  
(Name & Rubber stamp) Qualification

Dr. Preeto DHIMAN  
M.B.B.S

Signature of the Cardiologist (if LA has undergone CTMT / ECG)  
Name & Rubber stamp) Qualification

Signature of the Radiologist (if LA has undergone X-ray or scanning)  
Name & Rubber stamp) Qualification

The examinations /tests were done with my consent and I was fasting for more than 12 hrs before the tests

Manvinder Kaur

Signature of the Life to be Assured

Name.....

Reports enclosed.

1. FMR
2. ECG
- 3.
4. Hb1c
5. SBT-13  
RVA
6. HbA1c
7. CTMT







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

Branch Code: 310  
Proposal/ Policy No: 13464843  
MSP name/code: 0018  
Date & Time of Examination: 19/10/24  
Medical Diary No & Page No:

9:15 AM

Mobile No of the Proposer/Life to be assured: \_\_\_\_\_  
Identity Proof verified: Aadhar ID Proof No. 3480  
( 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".

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

Mansinder Kaur

1 Full name of the life to be assured: Mansinder Kaur  
2 Date of Birth: 23/3/26 Age: 49 Gender: Female  
3 Height (In cms): 164 Weight ( in kgs ) : 73  
4 Required only in case of Physical MER

Pulse : 86 Blood Pressure (2 readings):  
1. Systolic 128 Diastolic 86  
2. Systolic 128 Diastolic 86

**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

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



Dr. Preeti  
PREETI DHINDAN  
M.B.B.S





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



Dr. P. P. DHIMAN  
M.B.B.S.




For Female Proponents only		
i.	Whether pregnant? If so duration.	NO
ii	Suffering from any pregnancy related complications	NO
iii	Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaec ailment 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
---	-----

Declaration

You Mr/Ms Manvinder Kaur 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.

  
 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:

MD  
 19/10/24

Signature of Medical Examiner  
 Name & Code No:

  
 Dr. Poojima M.B.B.S.





**LIFE INSURANCE CORPORATION OF INDIA**

Zone \_\_\_\_\_ Division \_\_\_\_\_ Branch \_\_\_\_\_  
Proposal No. \_\_\_\_\_

Agent/D.O. Code: \_\_\_\_\_

Full Name of Life to be assured: Manvinder Kaur

Age/Sex : 49/R

**ELECTROCARDIOGRAM**

**ANNEXURE- 1**

LIC03-002

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 \_\_\_\_\_

Manvinder Kaur  
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 MD on the day of 19/10/24

2024 9:15 AM

Manvinder Kaur  
Signature of L.A.

Signature of the Cardiologist

Name & Address  
Qualification

Code No.

Clinical findings  
(A)



Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
164	73	128/86	86

(B) Cardiovascular System

NAD

Rest ECG Report:

Position	Supine	P Wave	Normal
Standardisation Imv	10L	PR Interval	Normal
Mechanism	Normal	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	60L	T-wave	Normal
Ventricular Rate	60/r	Q-Wave	Normal
Rhythm	SN		
Additional findings, if any.	no		

Conclusion:

10NL

Dated at

ND

on the day of

19/10/24  
2024



Signature of the Cardiologist

Name & Address

Qualification

Code No.

Dr. RANJAN KUMAR  
M.D. (Medicine)





# SHRI DURGA HEALTH CARE

Mr. MANVINDER KAUR

LD : 66

AGESEX : 49 Yr / F

HT/WT : /

DATE : 19-10-2024 09:39:58 AM

REFBY : Dr

MACHINE INTERPRETATION : Normal ECG.

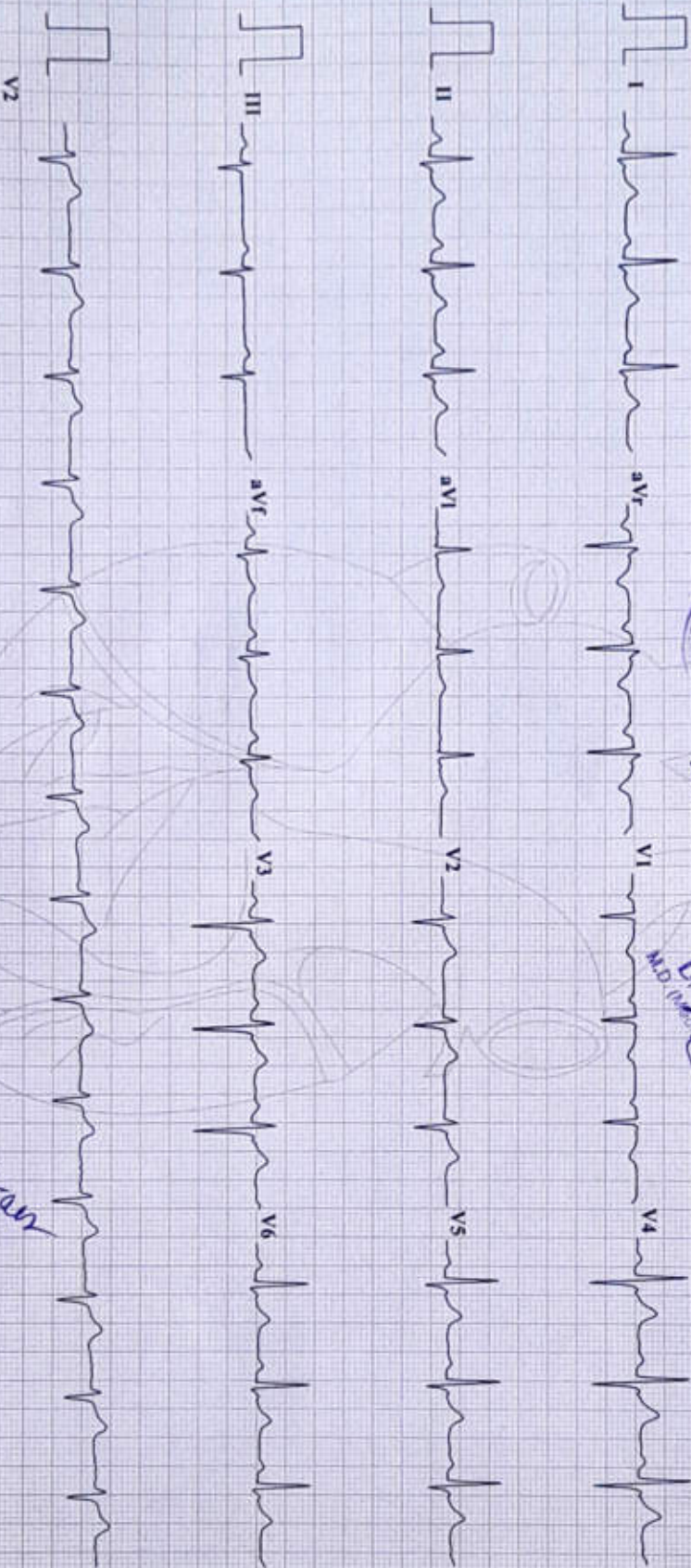


WNL

Dr. Manvinder Kaur  
M.D. (Medicine), D.C. Card. E.M.C.

RATE	: 89 bpm	P Duration	: 96 ms
BP	: N/A	PR Duration	: 142 ms
P Axis	: 57 deg.	QRS Duration	: 66 ms
QRS Axis	: 15 deg.	QT Interval	: 337 ms
T Axis	: 36 deg.	QTc Interval	: 384 ms

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



Filtered(35 Cycle) And Base Corrected

LNM-EKG Machine Tel: +91-231-4030031, Fax: +91-771-4071180, E-Mail: emg@lnmindia.com, Web: www.lnmindia.com, ECG No: 14.0.1

Manvinder Kaur

Dr.



# Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	MANVINDER KAUR	Sex:	FEMALE
Lab. No:	202401001	Age:	49
Date:	19/10/2024	Ref. By:	LIC

Test Name	SBT13	Unit	Normal Value
FBS	94	mg/dl	70 - 110
Total Cholesterol	160	mg/dl	120 - 220
High Density Lipid (HDL)	40	mg/dl	35-70
Low Density Lipid (LDL)	95	mg/dl	50 - 150
S. Triglycerides	124	mg/dl	25 - 160
S. Creatinine	0.7	mg/dl	0.7 - 1.4
Bool Urea Nitrogen (BUN)	12	mg/dl	6.0 - 21
S. Protien	7.2	g/dl	6.4 - 8.2
Albumin	4.1	g/dl	3.4 - 5.0
Globulin	3.1	g/dl	2.3 - 3.3
A:G Ratio	1.3	g/dl	
S. Bilirubin	0.6	mg/dl	0.1 - 1.00
Direct	0.3	mg/dl	0.00 - 0.3
Indirect	0.3	mg/dl	0.00 - 0.7
SGOT(AST)	34	IU/L	5 - 40
SGPT(ALT)	40	IU/L	5 - 45
GGTP(GGT)	29	IU/L	11 - 50
S. Alkaline Phosphatase	90	IU/L	15 - 112
HIV 1&2 Elisa (Method)	NEGATIVE	-	NEGATIVE
HbsAg (Australia antigen)	NEGATIVE	-	NEGATIVE

## HAEMATOLOGY

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



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

Note Valid For Medico-legal Purposes

Home 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:	MANVINDER KAUR	Sex:	FEMALE
Lab. No:	202401001	Age:	49
Date:	19/10/2024	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	1.015	1.010 - 1.030

### CHEMICAL EXAMINATION

Albumin	Nil	Nil
Sugar	Nil	Nil

### MICROSCOPIC EXAMINATION

Pus Cells	2-2	0 -5 /HPF
Epithelial Cells	2-2	0 -5 /HPF
RBCs	Nil	Nil /HPF
Crystals	Nil	Nil
Cast	Nil	Nil
Bacteria	Nil	Nil
Others	Nil	Nil



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# Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	MANVINDER KAUR	Sex:	FEMALE
Lab. No:	202401001	Age:	49
Date:	19/10/2024	Ref. By	LIC

## HAEMATOLOGY

Test Name	Method	Value Units
GLYCOSYLATED HEMOGLOBIN (HbA1c)	TURBIDOMETRY	5.2%

### Reference Range:

- 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

Technology: BIDIRECTIONALLY INTERFACED FULLY AUTOMATED TURBIDOMETRY BY ROCHE

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



D-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

Home Sample Collection Facility Available | Timing : 8:00 am To 8: Pm (Sunday Open)



# LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 003

## COMPUTERISED TREADMILL TEST

Zone:

Division:

Proposal No.:

Branch:

Full Name of Life to be assured:

Age/ Sex:

49/12

Manvinder Kaur

### 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.

Manvinder Kaur

Witness

Signature or Thumb Impression of L.A.

**Note :** Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

1. Have you ever had chest pain, palpitation, breathlessness at rest or exertion?  Y/N
2. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease?  Y/N
3. 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 'Yes', submit all relevant papers with this form.

Dated at ND on the 19/10/24 day of 2024 at 9:30 a.m./p.m

Manvinder Kaur  
Signature of the L.A.

M. D. KUMAR  
Signature of the Cardiologist  
Cardiologist's Name & Address  
Qualification:



## COMPUTERISED TREADMILL TEST

- (a) Pre-test: Supine  
Standing  
Hyperventilation
- (b) Exercise: Stage I )  
Stage II ) 3 minutes each  
Stage III )  
... peak exercise
- (c) Recovery: Recovery  
Recovery  
Recovery

### Reporting Pattern

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP
PRETEST	SUPINE					81	130/86	105
	SITTING							
	STANDING					85	120/86	109
	HYPERVENTILATION					82	130/86	106
	WARM UP							
EXERCISE	STAGE 1	2.55	2.7	10	4.67	134	130/86	174
	STAGE 2	2.55	4	12	7.04	148	148/94	219
	STAGE 3							
	PEAK EXERCISE	1.15	5.4	14	8.31	174	166/104	208
RECOVERY	RECOVERY	0.29				150	166/104	252
	RECOVERY	0.55				94	150/96	141
	RECOVERY	5.55				100	132/90	132

The protocol used - BRUCE

Total Exercise Time - 7.15

Maximum Blood Pressure - 166/104

Maximum Workload - 8.31

Maximum heart rate - 176

Maximum predicted heart rate 102 %

Reason for termination -

Comments:

*Hypertension for RMI*



Dr. *SANJAY KUMAR*  
M.D. (Medicine) Card. FMJ  
Signature of the Cardiologist  
Name & Address:

Qualification:

Each stage should have 12 lead tracing with long lead II. Each lead should contain atleast three complexes. On separate individual paper each stage with relevant observations be recorded. (Signature of the L.A. to be obtained on the tracings)



# SHRI DURGA HEALTH CARE

**MANVINDER KAUR**

**TREADMILL TEST REPORT**

ID : 90  
 DATE : 19/10/2024  
 AGE/SEX : 49/F  
 HT/WT : 0 / 0  
 REF. BY :

PROTOCOL : Bruce  
 HISTORY :  
 INDICATION :  
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPE x100	ST. LEVEL (MM)			METS
								II	VI	V5	
SUPINE					81	130 / 86	105	0.3	-0.2	0.4	
STANDING					84	130 / 86	109	0.4	-0.1	0.3	
HYPERVENT					82	130 / 86	106	0.3	-0.1	0.3	
Stage 1	2:55	2:55	2.7	10	134	130 / 86	174	-0.2	-2.1	2.1	4.67
Stage 2	5:55	2:55	4	12	148	148 / 94	219	2.7	-0.4	1.5	7.04
PK-EXERCISE	7:15	1:15	5.4	14	174	166 / 104	288	2.1	-0.2	1.8	8.31
RECOVERY	7:52	0:29			152	166 / 104	252	2.4	0.3	0.9	
RECOVERY	10:18	2:55			94	150 / 96	141	-0.1	-0.2	-0.1	
RECOVERY	13:18	5:55			100	132 / 90	132	0.5	0.2	0	

**RESULTS**

EXERCISE DURATION : 7:15  
 MAX HEART RATE : 176 bpm  
 MAX BLOOD PRESSURE : 166 / 104 mm Hg  
 REASON OF TERMINATION :

MAX WORK LOAD : 8.31 METS

BP RESPONSE :  
 ARRHYTHMIA :  
 H.R. RESPONSE :  
**IMPRESSIONS** :

*Aggravated to some  
 extent of heart to show*



**DR. PATRIKUMAR**  
 M.D. (Medicine) Card. F.M.C.



*Manvinder Kaur*

Technician :











# SHRI DURGA HEALTH CARE

MANVINDER KAUR

I.D. 90

Age 49/F

Date 19/10/2024

RATE 82bpm

B.P. 130/86

PRETEST  
HYPERVENT

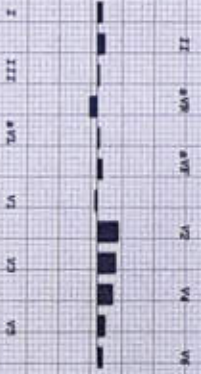
ST @ 10mm/mV  
80ms PostJ

PHASE TIME 0:14

LINKED MEDIAN

Mag. X 2

V1



Dr PAUL KUMAR  
M.D. (D) Card. EMU



# SHRI DURGA HEALTH CARE

**NAVINDER KAUR**

I. D. 90  
Age 49/F  
Date 19/10/2024

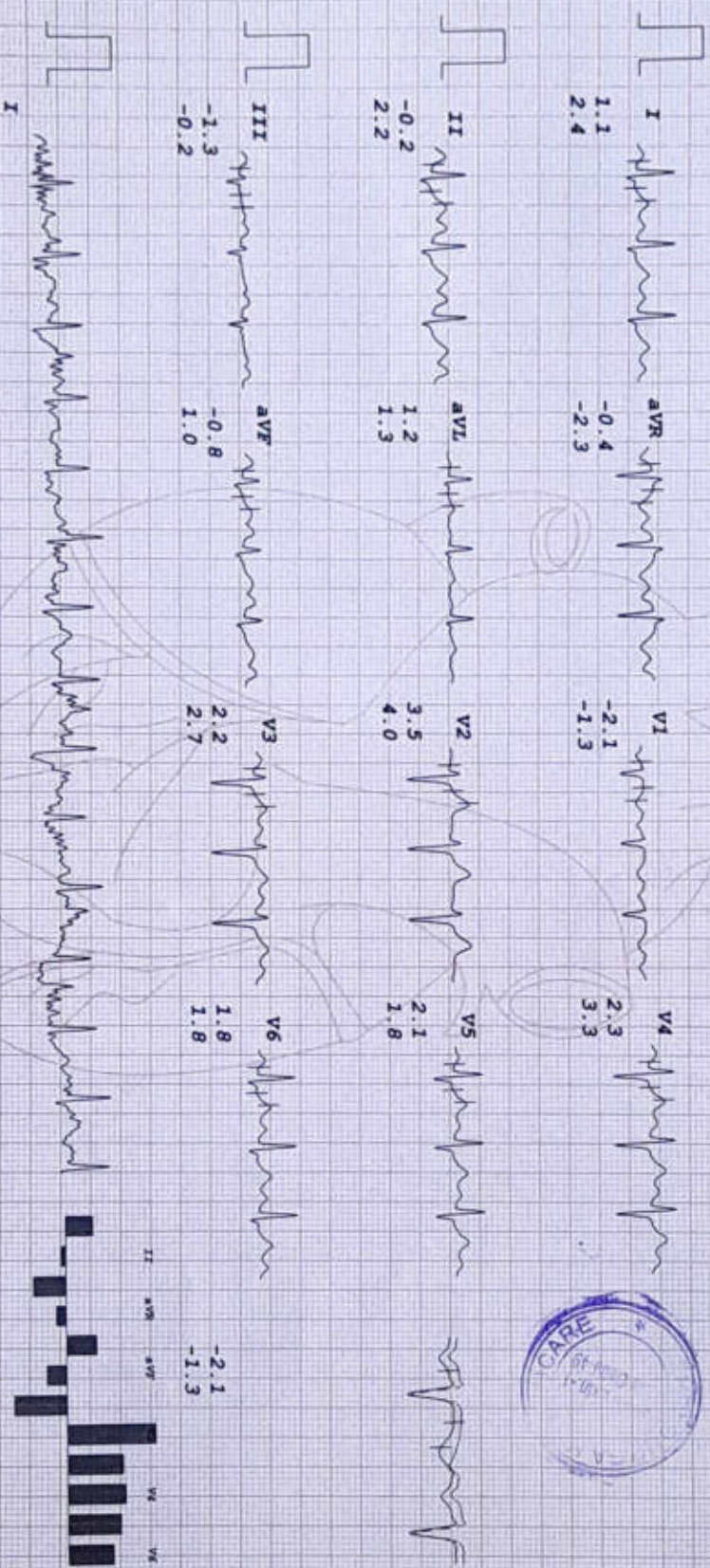
RATE 134bpm  
B.P. 130/86

ST @ 10mm/mv  
Bruce  
Stage 1  
TOTAL TIME 2:55  
PHASE TIME 2:55

Speed 2.7 km/hr  
SLOPE 10

**LINKED MEDIAN**

Mag. X 2



**Dr. R. P. SUMAR**  
M.D. (Med) (Gen)





# SHRI DURGA HEALTH CARE

MANVINDER KAUR

I.D. 90  
Age 49/F  
Date 19/10/2024

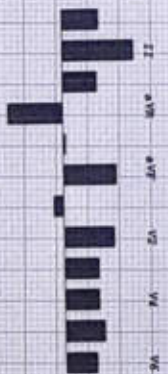
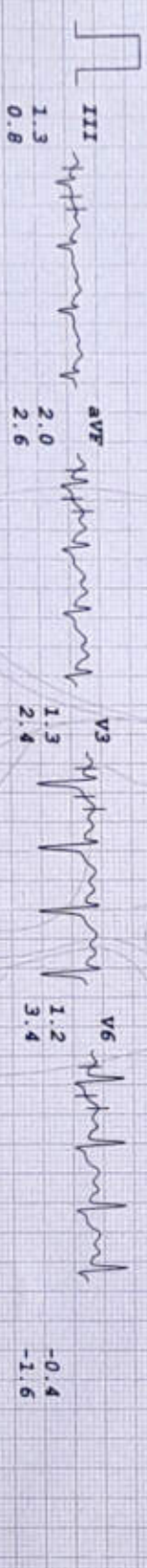
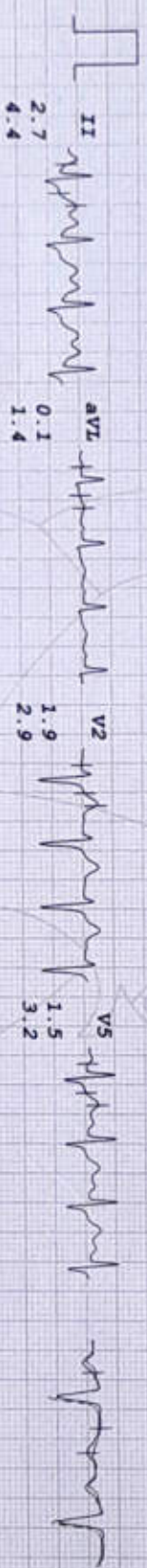
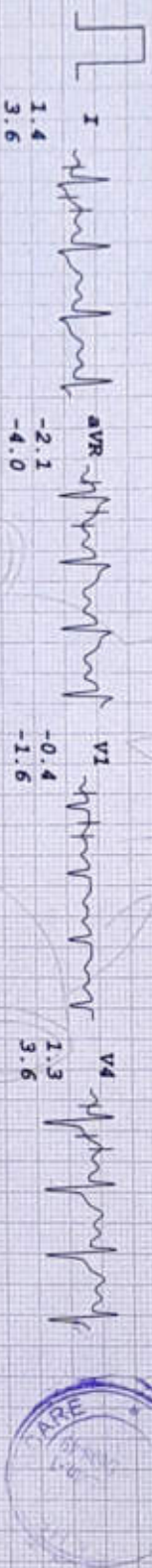
RATE 148bpm  
B.P. 148/94

Bruce  
Stage 2  
TOTAL TIME 5:55  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostCJ  
Speed 4 km/hr  
SLOPE 12 °

LINKED MEDIAN

Mag. X 2



DR. MANVINDER KAUR  
M.D. (General Medicine) Card. F.M.R.



# SHRI DURGA HEALTH CARE

MANVINDER KAUR  
 I.D. 90  
 Age 49/F  
 Date 19/10/2024

RATE 174bpm  
 B.P. 166/104

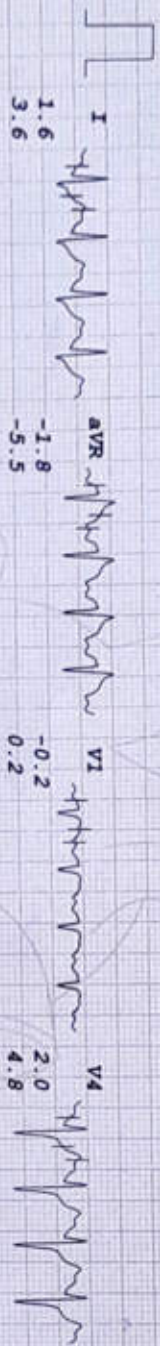
Bruce  
 PK-EXERCISE  
 TOTAL TIME 7:15  
 PHASE TIME 1:15

ST @ 10mm/mV  
 80ms Postpr  
 Speed 5.4 km/hr  
 SLOPE 14 %

LINKED MEDIAN

Mag. X 2

V1

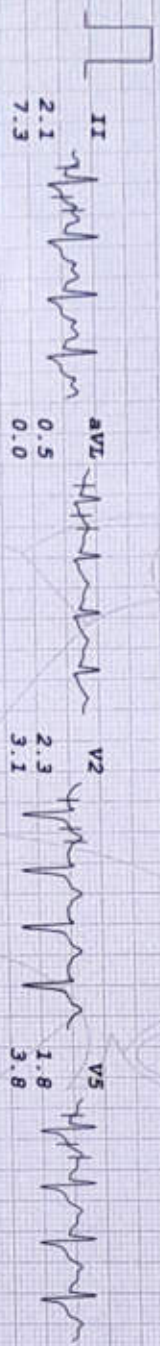


I  
1.6  
3.6

aVR  
-1.8  
-5.5

V1  
-0.2  
0.2

V4  
2.0  
4.8



II  
2.1  
7.3

aVL  
0.5  
0.0

V2  
2.3  
3.1

V5  
1.8  
3.8



III  
0.5  
3.7

aVF  
1.3  
5.5

V3  
1.8  
3.2

V6  
1.4  
4.1

-0.2  
0.2



D. RAJ KUMAR  
 Sr. Consultant  
 Sr. Card. Elect. Phys.





# SHRI DURGA HEALTH CARE

MANVINDER KAUR  
 I.D. 90  
 Age 49/F  
 Date 19/10/2024

RATE 152bpm  
 B.P. 166/104

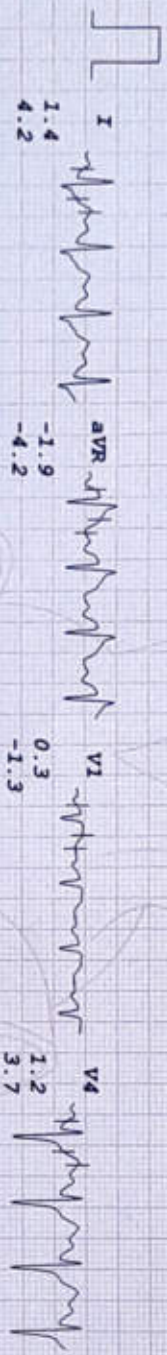
Brucce  
 RECOVERY  
 TOTAL TIME 7:52  
 PHASE TIME 0:29

ST @ 10mm/mV  
 80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



I  
1.4  
4.2

aVR  
-1.9  
-4.2

V1  
0.3  
-1.3

V4  
1.2  
3.7



II  
2.4  
4.2

aVL  
0.2  
2.1

V2  
1.1  
1.9

V5  
0.9  
3.2

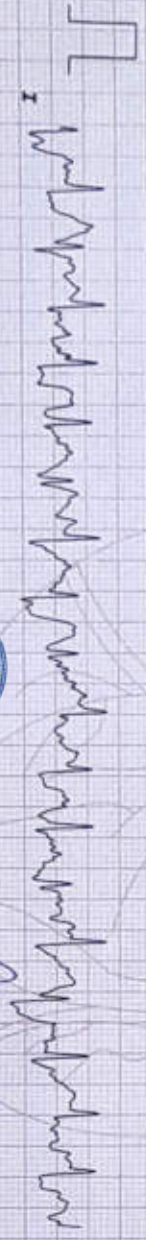


III  
1.0  
0.0

aVF  
1.7  
2.1

V3  
1.2  
2.8

V6  
1.4  
4.2



I



Dr. PRADIP KUMAR  
 M.D. (M), GOLD CARD, ENIC







# SHRI DURGA HEALTH CARE

**NAVINDER KAUR**  
 I. D. 90  
 Age 49/F  
 Date 19/10/2024

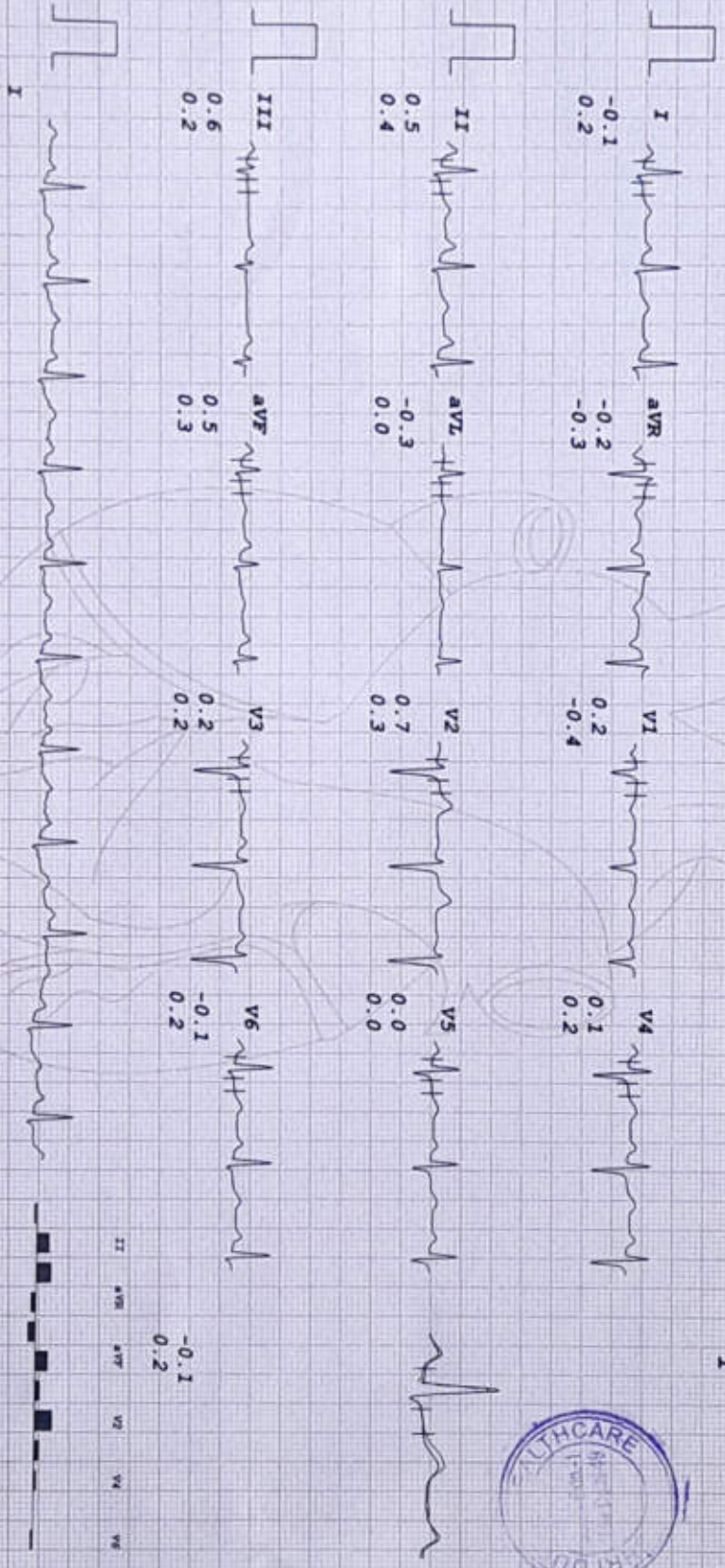
RATE 100bpm  
 B.P. 132/90

BRUCE  
 RECOVERY  
 TOTAL TIME 13:18  
 PHASE TIME 5:55

ST @ 10mm/mV  
 80ms Post J

LINKED MEDIAN

Mag. X 2



**Dr. Navinder Kaur**  
 MD (General Medicine)  
 MBBS, DNB (General Medicine)



**sdurga** HEALTHCARE

(CHAUDHARY DURGA SINGH)  
HEALTHCARE PRIVATE LIMITED

DR. HARINDER


DR. SIDDHANT

DR. POOJA

100



*Handwritten signature and text in blue ink.*

 **GPS Map Camera**



**Google**

**New Delhi, Delhi, India**

D-63, near Bank of Baroda, South Extension I, Block D, New Delhi, Delhi 110003, India

Lat 28.672248°

Long 77.221445°

19/10/24 09:21 AM GMT +05:30

*Handwritten signature and text in blue ink.*

