

**Name** : Mrs. Shruti Bhargava

**Age**: 36 Y

**UHID**:CINR.000048914

**Sex**: F

**Address** : bangalore

**OP Number**:CINROPV221158

**Plan** : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
 INDIA OP AGREEMENT

**Bill No** :CINR-OCR-94748

**Date** : 06.03.2024 08:50

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	HbA1c, GLYCATED HEMOGLOBIN	
4	2-D ECHO - (D) Time 9:10 AM	
5	LIVER FUNCTION TEST (LFT)	
6	X-RAY CHEST PA - (D)	
7	GLUCOSE, FASTING	
8	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION - (D)	
10	FITNESS BY GENERAL PHYSICIAN	
11	GYNAECOLOGY CONSULTATION ✓	
12	DIET CONSULTATION	
13	COMPLETE URINE EXAMINATION	
14	URINE GLUCOSE(POST PRANDIAL)	
15	PERIPHERAL SMEAR	
16	EKG	
17	BLOOD GROUP ABO AND RH FACTOR	
18	LIPID PROFILE	
19	BODY MASS INDEX (BMI)	
20	LBC PAP TEST- PAPSURE ✓	
21	OPHTHAL BY GENERAL PHYSICIAN - (D) 5	
22	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
23	ULTRASOUND - WHOLE ABDOMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
25	DENTAL CONSULTATION - (D) 1	
26	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	



Date : 06-03-2024

Department : GENERAL

MR NO : CINR.0000048914

Doctor :

Name : Mrs. Shruti Bhargava

Registration No :

Age/ Gender : 36 Y / Female

Qualification :

Consultation Timing: 08:50

Height : 170	Weight : 50.1 kg	BMI : 23.2 kg/m <sup>2</sup>	Waist Circum : 75 cm
Temp : 98.6 °F	Pulse : 83 bpm	Resp : 18 bpm	B.P : 110 / 80 mmHg

General Examination / Allergies	Clinical Diagnosis & Management Plan
<p>History</p> <p><i>Mb/2024</i></p>	<p>36yr old : Symptomatic - 24<sup>th</sup> Feb</p> <p>R/lyden - o.o (EUI done)</p> <p>LBC pap test done (Infertility)</p> <p>PE PA soft</p> <p>PS - a hearing</p> <p>(PT planning for IVF)</p> <p>Supp sym consultation</p> <p>Follow up date:</p> <p>Doctor Signature</p>

## OPHTHAL PRESCRIPTION

PATIENT NAME : *miss shruti Bhargava* DATE : *6/3/24*

UHID NO : *0489W*

AGE : *30*

OPTOMETRIST NAME: Ms.Swathi

GENDER:

This is to certify that I have examined

years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	<i>0.50</i>	<i>-</i>	<i>-</i>	<i>6/6</i>	<i>-</i>	<i>0.00</i>	<i>-</i>	<i>6/6</i>
Add								

PD - RE: *31* - LE: *31* -

Colour Vision: *normal (BD)*

Remarks:

*Swathi*  
Apollo clinic Indiranagar

06-03-2024

Mrs. Shanti Bhangara

36y / F

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Acepromi - Alt.

Ears: MND

Nose: MND

Throat: MND.

Follow up date:

Dr. RAVINDRANAT **Doctor Signature**  
M.B.B.S., D.L.O.



**Apollo Clinic, Indiranagar**

#2012, 1st Floor, 100 Feet Road, HAL 2nd Stage, Indiranagar - 560038

Phone: (080) 2521 4614/15

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# Apollo Clinic

## CONSENT FORM

---

Patient Name: Shruti Bhargava Age: 36

UHID Number: 48916 Company Name: BOB [Apollo Clinic]

I Mr/Mrs/Ms Shruti Bhargava Employee of BOB [Apollo Clinic],

(Company) Want to inform you that I am not interested in getting X Ray

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: Shruti Date: 6/3/2018

Shruti  
ID: 48916

07.12.1987  
36 Years

Female

06.03.2024 11:56:22

APOLLO CLINIC  
INDIRANAGAR  
BANGALORE

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

APOLLO CLINIC

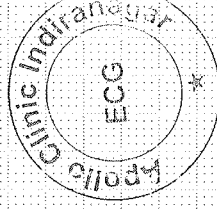
77 bpm

- / - mmHg

QRS  
QT / QTcBaz : 368 / 416 ms  
PR : 124 ms  
P : 94 ms  
RR / PP : 774 / 779 ms  
P / QRS / T : 54 / 55 / 34 degrees

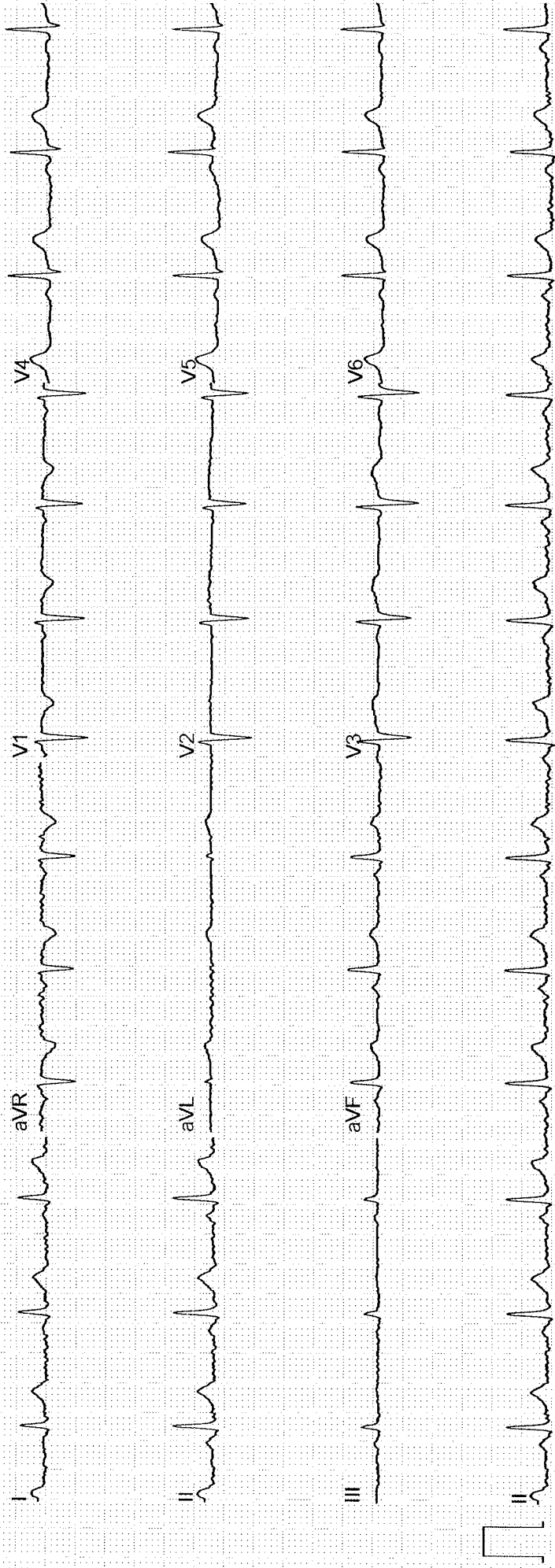
Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

*Handwritten signature*



*Handwritten signature*

**Dr. M. SUDHAKAR RAO**  
MBBS, MD, DM (Cardio), FACC, FESC, FSCAI  
Consultant Cardiologist  
KMC Reg No. CTG0000019KTK  
Apollo Clinic



NAME: MRS SHRUTI B	AGE/SEX: 36Y/F	OP NUMBER: 48916
Ref By : SELF	DATE: 06-03-2024	

**M mode and doppler measurements:**

CM	CM	M/sec	
AO: 1.9	IVS(D): 0.8	MV: E Vel: 0.8	MV: A Vel : 0.5
LA: 2.5	LVIDD(D): 3.7	AV Peak: 1.0	
	LVPW(D): 1.0	PV peak: 0.6	
	IVS(S): 1.1		
	LVID(S): 2.3		
	LVEF: 60%		
	LVPW(S): 1.1		

**Descriptive findings:**

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal
Aortic Valve:	Normal
Tricuspid Valve:	Normal
IAS:	Normal
IVS:	Normal
Pericardium:	Normal

प्रति,

समन्वयक,  
Mediwheel (Arcofemi Healthcare Limited)  
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MS. BHARGAVA SHRUTI
क.कू.संख्या	172149
पदनाम	CREDIT-MSME
कार्य का स्थान	BENGALURU,RO BENGALURU SOUTH
जन्म की तारीख	07-12-1987
स्वास्थ्य जांच की प्रस्तावित तारीख	06-03-2024
बुकिंग संदर्भ सं.	23M172149100096006E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक **04-03-2024** से **31-03-2024** तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



### SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



भारत सरकार  
Government of India



Issue Date: 19/03/2012



Shruti Bhargava  
DOB: 07/12/1987  
Female



7563 5172 3665



7563 5172 3665

मेरा आधार, मेरी पहचान



**Patient Name** : Mrs. Shruti Bhargava

**Age/Gender** : 36 Y/F

**UHID/MR No.** : CINR.0000048914

**OP Visit No** : CINROPV221158

**Sample Collected on** :

**Reported on** : 06-03-2024 17:53

**LRN#** : RAD2257675

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 983998982

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

NOT DONE.

<b>Patient Name</b>	: Mrs. Shruti Bhargava	<b>Age/Gender</b>	: 36 Y/F
<b>UHID/MR No.</b>	: CINR.0000048914	<b>OP Visit No</b>	: CINROPV221158
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 06-03-2024 12:27
<b>LRN#</b>	: RAD2257675	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 983998982		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**LIVER:** Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

**GALLBLADDER:** Moderately distended.

**SPLEEN:** Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

**PANCREAS:** Obscured by bowel gas. However, the visualized portion appear normal.

**KIDNEYS:** Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measuring 8.6x3.3 cm.

Left kidney measuring 8.9x4.1 cm.

**URINARY BLADDER:** Distended and appears normal. No evidence of abnormal wall thickening noted.

**UTERUS:** Anteverted and appears normal in size. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 7 mm.

**OVARIES:** Both ovaries appearing normal in size and echopattern.

No free fluid is seen.

**IMPRESSION:**

**NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.**

**Dr. RAMESH G**  
**MBBS DMRD**  
RADIOLOGY