

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. KUMAR RAMESH
EC NO.	114938
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	GHAZIABAD, VASUNDHRA
BIRTHDATE	10-08-1967
PROPOSED DATE OF HEALTH CHECKUP	09-03-2024
BOOKING REFERENCE NO.	23M114938100096920E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **05-03-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

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
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
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
General Tests	General Tests
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



बैंक ऑफ बरोडा
Bank of Baroda

नाम: RAMESH KUMAR
Name:

कर्मचारी कूट क्र. 114938
E. C. No.



Xhamng

जारीकर्ता प्राधिकारी, मु. प्र. (सु) बका, नदि
Issuing Authority OM (S), ZO, ND.



[Signature]

धारक के हस्ताक्षर
Signature of Holder

Spouse of Ashy Verma



**Indian Union Driving Licence
Issued by Uttar Pradesh**



UP14 20160026816



Issue Date: 29-08-2022 Validity (NT): 28-08-2027 Validity (TR): _____



Holder's Signature

Name: **RAMESH KUMAR**
Date of Birth: 10-08-1967 Blood Group: _____
Son/Daughter/Wife of: **MAHABIR**

Organ Donor: **N**

Address:
F-2 2/1A SEC-2 NEAR DLF PUBLIC SCHOOL
RAJENDRA NAGAR SAHIBABAD GHAZIABAD
201005

Date of First Issue: 27-07-2016

(Handwritten Signature)

DL No: UP14 20160026816

UPDL000008136033



Invalid Carriage (Regn Numbers)*

Hazardous Validity* Hill Validity*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
	MCWG	UP14	27-07-2016	NT			
	LMV	UP14	27-07-2016	NT			
	MVSD						

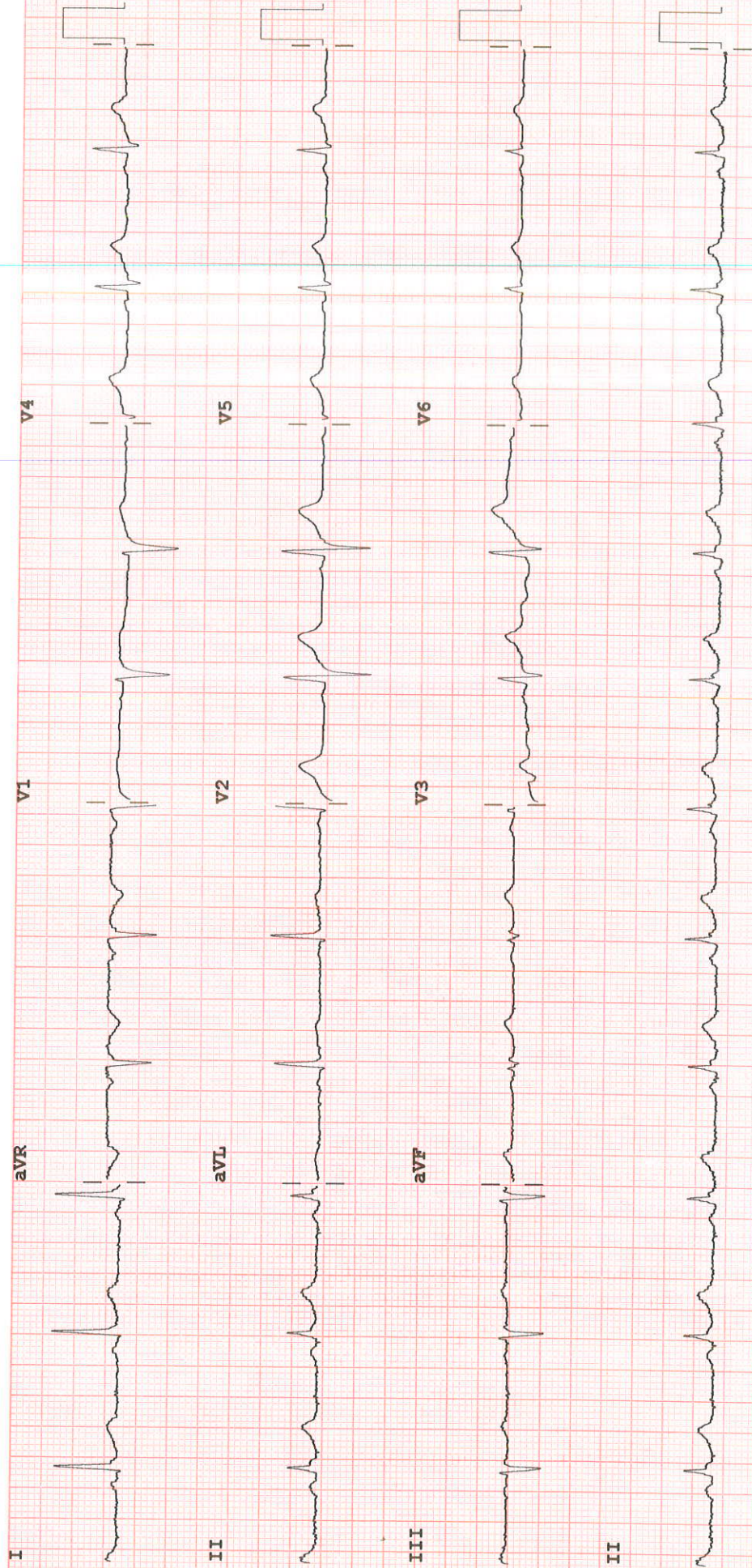
Form 7 Rule 16(2)

Emergency Contact Number

(Handwritten Signature)
Licensing Authority
UP14 GHAZIABAD

- NORMAL ECG -

Unconfirmed Diagnosis



Dev: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH100B CL P?

**LABORATORY REPORT**

Name : MR RAMESH KUMAR Age : 56 Yr(s) Sex : Male
 Registration No : MH010712448 Lab No : 202403003417
 Patient Episode : H18000001973 Collection Date : 23 Mar 2024 09:29
 Referred By : HEALTH CHECK MGD Reporting Date : 23 Mar 2024 13:00
 Receiving Date : 23 Mar 2024 09:29

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	0.740	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.980	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.480	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 RAMESH KUMAR	Age	: 56 Yr(s) Sex :Male
Registration No	: MH010712448	Lab No	: 202403003417
Patient Episode	: H18000001973	Collection Date	: 23 Mar 2024 09:29
Referred By	: HEALTH CHECK MGD	Reporting Date	: 24 Mar 2024 12:24
Receiving Date	: 23 Mar 2024 09:29		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type : Serum			
PROSTATE SPECIFIC ANTIGEN(PSA-Total):	0.600	ng/mL	[<3.500]

Method :ELFA

Note :1.This is a recommended test for detection of prostate cancer along with Digital Recta 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 RAMESH KUMAR
Registration No : MH010712448
Patient Episode : H18000001973
Referred By : HEALTH CHECK MGD
Receiving Date : 23 Mar 2024 09:29

Age : 56 Yr(s) Sex : Male
Lab No : 202403003417
Collection Date : 23 Mar 2024 09:29
Reporting Date : 23 Mar 2024 12:46

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	AB Rh(D) Positive		

Technical note:

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

NOTE:

- Abnormal Values

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

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name	: MR RAMESH KUMAR	Age	: 56 Yr(s) Sex :Male
Registration No	: MH010712448	Lab No	: 202403003417
Patient Episode	: H18000001973	Collection Date	: 23 Mar 2024 09:29
Referred By	: HEALTH CHECK MGD	Reporting Date	: 23 Mar 2024 12:14
Receiving Date	: 23 Mar 2024 09:29		

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	5.84 #	millions/cumm	[4.50-5.50]
HEMOGLOBIN	15.3	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	47.9	%	[40.0-50.0]
MCV (DERIVED)	82.0 #	fL	[83.0-101.0]
MCH (CALCULATED)	26.2	pg	[25.0-32.0]
MCHC (CALCULATED)	31.9	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	14.3 #	%	[11.6-14.0]
Platelet count	154	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.70	fL	
WBC COUNT (TC) (IMPEDEANCE)	7.26	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	68.0	%	[40.0-80.0]
Lymphocytes	21.0	%	[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	2.0	mm/1sthour	[0.0-

LABORATORY REPORT

Name	: MR RAMESH KUMAR	Age	: 56 Yr(s) Sex :Male
Registration No	: MH010712448	Lab No	: 202403003417
Patient Episode	: H18000001973	Collection Date	: 23 Mar 2024 10:42
Referred By	: HEALTH CHECK MGD	Reporting Date	: 23 Mar 2024 12:17
Receiving Date	: 23 Mar 2024 10:42		

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	1.010	(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	1-2 /hpf	(0-5/hpf)
RBC	0-1/hpf	(0-2/hpf)
Epithelial Cells	NIL /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	



LABORATORY REPORT

Name	: MR RAMESH KUMAR	Age	: 56 Yr(s) Sex :Male
Registration No	: MH010712448	Lab No	: 202403003417
Patient Episode	: H18000001973	Collection Date	: 23 Mar 2024 09:29
Referred By	: HEALTH CHECK MGD	Reporting Date	: 23 Mar 2024 12:49
Receiving Date	: 23 Mar 2024 09:29		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.4	%	[0.0-5.6]
Method: HPLC			
As per American Diabetes Association(ADA)			
HbA1c in %			
Non diabetic adults >= 18years <5.7			
Prediabetes (At Risk)5.7-6.4			
Diagnosing Diabetes >= 6.5			
Estimated Average Glucose (eAG)	108	mg/dl	

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 glycemc control.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	146	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	188 #	mg/dl	[<150]
Borderline high:151-199			
High: 200 - 499			
Very high:>500			
HDL- CHOLESTEROL	40	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	38 #	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	68.0	mg/dl	[<120.0]
Near/			
Borderline High:130-159			
High Risk:160-189			

Above optimal-100-129



LABORATORY REPORT

Name	: MR RAMESH KUMAR	Age	: 56 Yr(s) Sex :Male
Registration No	: MH010712448	Lab No	: 202403003417
Patient Episode	: H18000001973	Collection Date	: 23 Mar 2024 09:29
Referred By	: HEALTH CHECK MGD	Reporting Date	: 24 Mar 2024 12:23
Receiving Date	: 23 Mar 2024 09:29		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	3.7		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.7		<3 Optimal 3-4 Borderline >6 High Risk

Note:

Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

KIDNEY PROFILE

Specimen: Serum

UREA	20.9	mg/dl	[15.0-40.0]
<i>Method: GLDH, Kinatic assay</i>			
BUN, BLOOD UREA NITROGEN	9.8	mg/dl	[8.0-20.0]
<i>Method: Calculated</i>			
CREATININE, SERUM	1.10	mg/dl	[0.70-1.20]
<i>Method: Jaffe rate-IDMS Standardization</i>			
URIC ACID	7.5	mg/dl	[4.0-8.5]
<i>Method:uricase PAP</i>			

SODIUM, SERUM	142.00	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.90	mmol/L	[3.60-5.10]
SERUM CHLORIDE	111.0	mmol/L	[101.0-111.0]
<i>Method: ISE Indirect</i>			



LABORATORY REPORT

Name	: MR RAMESH KUMAR	Age	: 56 Yr(s) Sex :Male
Registration No	: MH010712448	Lab No	: 202403003417
Patient Episode	: H18000001973	Collection Date	: 23 Mar 2024 09:29
Referred By	: HEALTH CHECK MGD	Reporting Date	: 24 Mar 2024 12:23
Receiving Date	: 23 Mar 2024 09:29		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	74.6	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	0.71	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.29	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.42	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.60	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.55	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.00	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.50		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	18.00	U/L	[0.00-40.00]

**LABORATORY REPORT**

Name : MR RAMESH KUMAR
 Registration No : MH010712448
 Patient Episode : H18000001973
 Referred By : HEALTH CHECK MGD
 Receiving Date : 23 Mar 2024 09:29

Age : 56 Yr(s) Sex : Male
 Lab No : 202403003417
 Collection Date : 23 Mar 2024 09:29
 Reporting Date : 24 Mar 2024 12:23

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	15.00 #	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	145.0 #	IU/L	[32.0-91.0]
GGT	15.0	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.

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

Dr. Alka Dixit Vats
 Consultant Pathologist



LABORATORY REPORT

Name	: MR RAMESH KUMAR	Age	: 56 Yr(s) Sex :Male
Registration No	: MH010712448	Lab No	: 202403003418
Patient Episode	: H18000001973	Collection Date	: 23 Mar 2024 09:29
Referred By	: HEALTH CHECK MGD	Reporting Date	: 24 Mar 2024 12:24
Receiving Date	: 23 Mar 2024 09:29		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting			
Specimen: Plasma			
GLUCOSE, FASTING (F)	94.0	mg/dl	[70.0-110.0]
Method: Hexokinase			

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

**RADIOLOGY REPORT**

NAME	MR Ramesh KUMAR	STUDY DATE	23/03/2024 10:24AM
AGE / SEX	56 y / M	HOSPITAL NO.	MH010712448
ACCESSION NO.	R7108094	MODALITY	US
REPORTED ON	23/03/2024 11:39AM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

Excessive bowel echoes are seen all over the abdomen obscuring the details. Hence suboptimal study is possible.

LIVER: appears normal in size (measures 123 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 115 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 10 mm.

COMMON BILE DUCT: Appears normal in size and measures 3 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 obscured due to excessive bowel echoes.

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

Right Kidney: measures 92 x 47 mm.

Left Kidney: measures 91 x 40 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 borderline enlarged in size (measures 39 x 37 x 31 mm with volume 23 cc) but normal in shape and echotexture. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade I fatty infiltration in liver.

-Borderline prostatomegaly.

Recommend clinical correlation.



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST

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

**RADIOLOGY REPORT**

NAME	MR Ramesh KUMAR	STUDY DATE	23/03/2024 9:48AM
AGE / SEX	56 y / M	HOSPITAL NO.	MH010712448
ACCESSION NO.	R7108091	MODALITY	CR
REPORTED ON	23/03/2024 12:08PM	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 seen.

Please correlate clinically



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST

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



HEALTH CHECK RECORD

Hospital No: MH010712448	Visit No: H18000001973
Name: MR RAMESH KUMAR	Age/Sex: 56 Yrs/Male
Doctor Name: DR.SHISHIR NARAIN	Specialty: HC SERVICE MGD
Date: 23/03/2024 12:59PM	

BP Systolic: 137 mmHg	BP Diastolic: 82 mmHg	Pulse Rate: 80beats per minute
Saturation(Oxygen): 100%	Height: 175cm	Weight : 82kg
BMI: 26.78	Pain Score: 00	Fall Risk: 01
Vulnerable: 01		

OPD Notes :

PRESENT OPHTHALMIC COMPLAINS - HEALTH CHECK UP
SYSTEMIC/ OPHTHALMIC HISTORY - N/C
NO FAMILY H/O GLAUCOMA

EXAMINATION DETAILS	RIGHT EYE	LEFT EYE
VISION	6/6	6/6
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
ANTERIOR CHAMBER/ IRIS	N	N
LENS	CLEAR	CLEAR
OCULAR MOVEMENTS	FULL	FULL
NCT	15	15

FUNDUS EXAMINATION

A) VITREOUS
B) OPTIC DISC C:D 0.2 C:D 0.2
C) MACULAR AREA FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT

POWER OF GLASS
Right eye: -0.25 Dsp-6/6
Left eye: PLANO Dsp / -1.00 Decyl x 70 degree-6/6
NEAR ADD BE +2.00 DSPH N/6

DIAGNOSIS: DRY EYES

ADVISE / TREATMENT
E/D NST 4 TIMES DAILY BE
REVIEW AFTER 6 MONTHS

DR.SHISHIR NARAIN
Reg. No.: 9538

Manipal Health Enterprises Pvt. Ltd.

CIN: U85110KA2010PTC052540

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru 560 017, Karnataka
P +91 80 4936 0300 E info@manipalhospitals.com www.manipalhospitals.com