


Patient Name : Mrs.SANDHYA	Collected : 23/Mar/2024 10:13AM
Age/Gender : 37 Y 8 M 19 D/F	Received : 23/Mar/2024 01:16PM
UHID/MR No : CMAN.0000084707	Reported : 23/Mar/2024 03:19PM
Visit ID : CMANOPV198710	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE15796	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.8	g/dL	12-15	Spectrophotometer
PCV	34.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.58	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	75.4	fL	83-101	Calculated
MCH	25.8	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	15	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,190	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	50.5	%	40-80	Electrical Impedance
LYMPHOCYTES	33.8	%	20-40	Electrical Impedance
EOSINOPHILS	8.2	%	1-6	Electrical Impedance
MONOCYTES	6.7	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2620.95	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1754.22	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	425.58	Cells/cu.mm	20-500	Calculated
MONOCYTES	347.73	Cells/cu.mm	200-1000	Calculated
BASOPHILS	41.52	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.49		0.78- 3.53	Calculated
PLATELET COUNT	295000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC- MICROCYTIC HYPOCHROMIC.MILD DEGREE OF ANISOPOIKILOCYTOSIS WITH ELLIPTOCYTES AND OVALOCYTES SEEN.


Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist



SIN No:BED240079996

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

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WBC EOSINOPHILIA
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN



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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate technology
Rh TYPE	Positive			Microplate technology



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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	87	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL		Calculated

Comment:

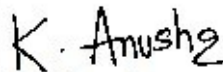
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10



Dr.E.Maruthi Prasad
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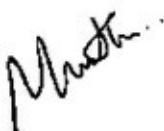
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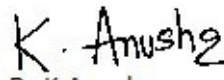
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Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
A: HbF >25%
B: Homozygous Hemoglobinopathy.
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)


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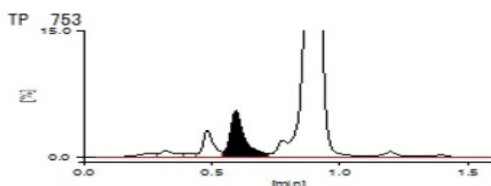
Chromatogram Report

1 V5.28 1 2024-03-23 16:00:41
 ID EDT240036737
 Sample No. 03230198 SL 0017 - 08
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
ATA	0.5	0.26	6.39
A1B	0.7	0.32	8.98
F	0.3	0.41	3.59
LA1C+	1.9	0.48	24.82
SA1C	5.6	0.59	57.00
AO	92.6	0.90	1221.65
H-V0			
H-V1			
H-V2			

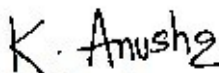
Total Area 1322.43

HbA1c 5.6 % **IFCC 37 mmol/mol**
 HbA1 6.7 % HbF 0.3 %




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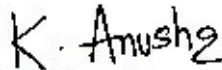
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	185	mg/dL	<200	CHO-POD
TRIGLYCERIDES	78	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	54	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	131	mg/dL	<130	Calculated
LDL CHOLESTEROL	115.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.43		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated


Comment:

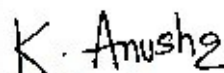
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.


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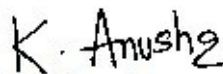
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- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.48	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.38	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	72.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.01	g/dL	6.6-8.3	Biuret
ALBUMIN	4.34	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.67	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:


1. Hepatocellular Injury:

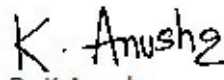
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.


Dr.E.Maruthi Prasad
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 Consultant biochemist


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 Consultant Biochemist

Page 10 of 16
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SIN No:SE04673125

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

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Patient Name : Mrs.SANDHYA	Collected : 23/Mar/2024 10:13AM
Age/Gender : 37 Y 8 M 19 D/F	Received : 23/Mar/2024 01:16PM
UHID/MR No : CMAN.0000084707	Reported : 23/Mar/2024 05:58PM
Visit ID : CMANOPV198710	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE15796	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.75	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	21.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.76	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.52	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.10	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.01	g/dL	6.6-8.3	Biuret
ALBUMIN	4.34	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.67	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated

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

K. Anusha
Dr.K.Anusha
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist



SIN No:SE04673125

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

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Patient Name : Mrs.SANDHYA
Age/Gender : 37 Y 8 M 19 D/F
UHID/MR No : CMAN.0000084707
Visit ID : CMANOPV198710
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : bobE15796

Collected : 23/Mar/2024 10:13AM
Received : 23/Mar/2024 01:16PM
Reported : 23/Mar/2024 05:10PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	17.00	U/L	<38	IFCC

Page 12 of 16

K. Anusha

Dr.K.Anusha
M.B.B.S,M.D(Biochemistry)
Consultant Biochemist

SIN No:SE04673125

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



Patient Name : Mrs.SANDHYA	Collected : 23/Mar/2024 10:13AM
Age/Gender : 37 Y 8 M 19 D/F	Received : 23/Mar/2024 01:14PM
UHID/MR No : CMAN.0000084707	Reported : 23/Mar/2024 03:06PM
Visit ID : CMANOPV198710	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE15796	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.11	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.83	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.593	µIU/mL	0.38-5.33	CLIA

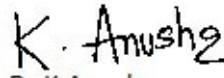
Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma


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SIN No:SPL24053706

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Patient Name : Mrs.SANDHYA
Age/Gender : 37 Y 8 M 19 D/F
UHID/MR No : CMAN.0000084707
Visit ID : CMANOPV198710
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : bobE15796

Collected : 23/Mar/2024 10:13AM
Received : 23/Mar/2024 01:14PM
Reported : 23/Mar/2024 03:06PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

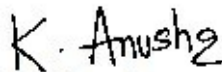
DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324



Dr.E.Maruthi Prasad
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Dr.K.Anusha
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Patient Name : Mrs.SANDHYA	Collected : 23/Mar/2024 10:13AM
Age/Gender : 37 Y 8 M 19 D/F	Received : 23/Mar/2024 01:34PM
UHID/MR No : CMAN.0000084707	Reported : 23/Mar/2024 04:22PM
Visit ID : CMANOPV198710	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE15796	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		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	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


Dr. B Pavani
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 Consultant Pathologist

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SIN No:UR2314338

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

Patient Name : Mrs.SANDHYA	Collected : 23/Mar/2024 10:13AM
Age/Gender : 37 Y 8 M 19 D/F	Received : 23/Mar/2024 01:31PM
UHID/MR No : CMAN.0000084707	Reported : 23/Mar/2024 06:50PM
Visit ID : CMANOPV198710	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE15796	


DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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

SIN No:UF011362

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



Patient Name : Mrs. SANDHYA

Age/Gender : 37 Y/F

UHID/MR No. : CMAN.0000084707

OP Visit No : CMANOPV198710

Sample Collected on :

Reported on : 27-03-2024 18:44

LRN# : RAD2278942

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE15796

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN



Dr. GANDHAM SOHINI
MBBS and MD(Radiology)
Radiology



Patient Name	: Mrs. SANDHYA	Age/Gender	: 37 Y/F
UHID/MR No.	: CMAN.0000084707	OP Visit No	: CMANOPV198710
Sample Collected on	:	Reported on	: 26-03-2024 12:53
LRN#	: RAD2278942	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE15796		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Patient First Name
MS. 

Patient Last Name
RAMAN SANDHYA

Patient Mobile Number
8861133505

Patient E-mail ID
sandhyaraaman@gmail.com

Date of Birth
02-06-1987

Gender
female

Client
ARCOFEMI HEALTHCARE LIMITED

Agreement Name
(1) ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

Package Name
(1) ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK -
FEMALE - 2D ECHO - PAN INDIA - FY2324

Visit Type
in-clinic

Visit Status
Show

Report Status
Order partially completed

City

Clinic
MANIKONDA

Order Date
16-03-2024

Appointment Date
23-03-2024

Slot Time
08:45-09:00

Rel_Appointment ID
bobE15796

Visit ID

kata



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नाम:
NAME : **SANDHYA RAMAN**

स्टाफ कूट सं.
STAFF CODE NO. **30878**



महा प्रबंधक (का.व.प्र)
GENERAL MANAGER
(PERSONNEL)



कर्मचारी के हस्ताक्षर
EMPLOYEE'S SIGNATURE

APOLLO CLINIC

CONSENT FORM

PATIENT NAME..... MRS. Sandhya AGE:- 37Y/F

UHID NUMBER..... C MAN 84707 COMPANY NAME..... ARCOFEMI

I MR/MRS/MS..... EMPLOYEE OF

COMPANY WANT TO INFORM YOU THAT I AM ~~NOT~~ INTERESTED IN

GETTING..... ECG, 2DECHO, PAP, USG, OPthal, PP Tests are pending

TEST DONE WHICH IS A PART OF MY ROUTINE HEALTH CHECK PACKAGE.

AND I CLAIM THE ABOVE STATEMENT IN MY FULL CONSCIOUSNESS.

PATIENT SIGNATURE..... [Signature]

DATE:- 23/03/2021