



Issue Date: 21-06-2013

 **भारत सरकार**
Government of India



राशि चौहान
Rashmi Chauhan
जन्म तिथि/DOB: 12/03/1996
लिंग/ GENDER: FEMALE



9209 7971 2992
VID : 9134 5906 8764 2039

येका आचार, येका परवान

Rashmi Chauhan

8209861103

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 की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	RASHI CHAUHAN
जन्म की तारीख	12-03-1996
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	08-03-2024
बुकिंग संदर्भ सं.	23M184285100095664S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. ASHISH
कर्मचारी की क.कू.संख्या	184285
कर्मचारी का पद	OUTBOUND SALES_AUTO LOANS
कर्मचारी के कार्य का स्थान	MEHSANA,RO MEHSANA
कर्मचारी के जन्म की तारीख	01-04-1992

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 **02-03-2024** 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 पत्नी/पति की 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।)



LABORATORY REPORT

Name : Mrs. Rashi Chauhan
Sex/Age : Female/28 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 403101578
Reg. Date : 23-Mar-2024 05:33 PM
Collected On :
Report Date : 26-Mar-2024 04:05 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :157

Weight (kgs) :65.3

Blood Pressure : 110/70mmHg

Pulse : 91/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



This is an electronically authenticated report

Dr.Jay Soni
M.D, GENERAL MEDICINE

DR.MUKESH LADDHA

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TEST REPORT

Reg. No : 403101578	Ref Id :	Collected On : 23-Mar-2024 09:33 AM
Name : Mrs. Rashi Chauhan	Pass. No. :	Reg. Date : 23-Mar-2024 05:33 PM
Age/Sex : 28 Years / Female		Tele No. : 8209861103
Ref. By :		Dispatch At :
Sample Type : EDTA		Location : CHPL

Parameter	Results	Unit	Biological Ref. Interval
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COMPLETE BLOOD COUNT (CBC)

Hemoglobin (Colorimetric method)	L 11.4	g/dL	12.5 - 16
Hematocrit (Calculated)	L 35.50	%	40 - 50
RBC Count (Electrical Impedance)	L 4.61	million/cmm	4.73 - 5.5
MCV (Calculated)	L 77.0	fL	83 - 101
MCH (Calculated)	L 24.7	Pg	27 - 32
MCHC (Calculated)	32.1	%	31.5 - 34.5
RDW (Calculated)	14.2	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	8420	/cmm	4000 - 10000
MPV (Calculated)	10.9	fL	6.5 - 12.0

DIFFERENTIAL WBC COUNT

	[%]		EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	59.20	%	40 - 80	4985 /cmm	2000 - 7000
Lymphocytes (%)	32.70	%	20 - 40	2753 /cmm	1000 - 3000
Eosinophils (%)	1.60	%	0 - 6	522 /cmm	200 - 1000
Monocytes (%)	6.20	%	2 - 10	135 /cmm	20 - 500
Basophils (%)	0.30	%	0 - 2	25 /cmm	0 - 100

PERIPHERAL SMEAR STUDY

RBC Morphology : Normocytic and Normochromic.
 WBC Morphology : Normal

PLATELET COUNTS


Platelet Count (Electrical Impedance) : 340000 /cmm
 Electrical Impedance : 150000 - 450000

Platelets : Platelets are adequate with normal morphology.
 Parasites : Malarial parasite is not detected.

Comment :

This is an electronically authenticated report.

* This test has been out sourced.

Approved By : 
 Dr. Purvish Darji
 MD (Pathology)

Approved On : 24-Mar-2024 05:38 PM
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TEST REPORT

Reg. No : 403101578 Ref Id :
Name : Mrs. Rashi Chauhan Collected On : 23-Mar-2024 09:33 AM
Age/Sex : 28 Years / Female Reg. Date : 23-Mar-2024 05:33 PM
Ref. By : Pass. No. : Tele No. : 8209861103
Sample Type : EDTA Dispatch At :
Parameter Location : CHPL
Result Unit Biological Ref. Interval

HEMATOLOGY

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Forward Reverse Tube Agglutination


ABO : "B"
Rh (D) : Positive
Note : -

ERYTHROCYTE SEDIMENTATION RATE [ESR]

ESR 1 hour : 04 mm/hr ESR AT 1 hour : 3-12
Westergreen method

ERYTHRO SEDIMENTATION RATE, BLOOD -
Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0-1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities or the red cells such as poikilocytosis, spherocytosis or sickle cells.

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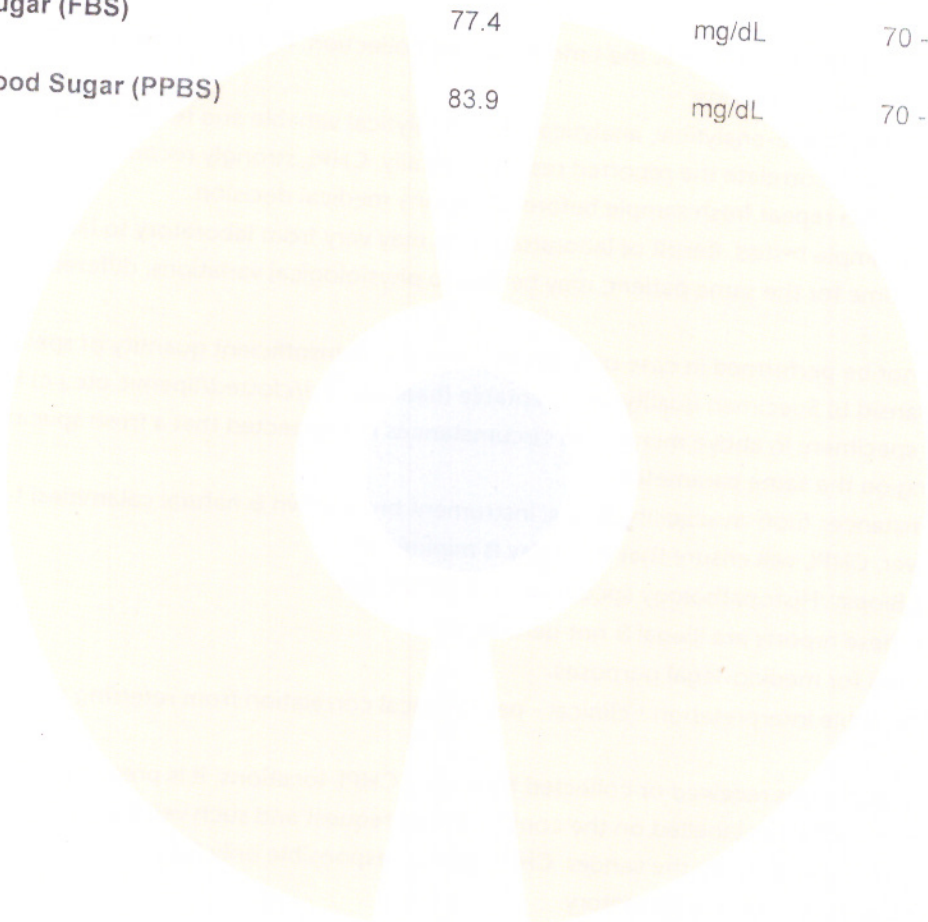
TEST REPORT

Reg. No	: 403101578	Ref Id	:	Collected On	: 23-Mar-2024 09:33 AM
Name	: Mrs. Rashi Chauhan	Pass. No.	:	Reg. Date	: 23-Mar-2024 05:33 PM
Age/Sex	: 28 Years / Female			Tele No.	: 8209861103
Ref. By	:			Dispatch At	:
Sample Type	: Flouride F, Flouride PP			Location	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Fasting Blood Sugar (FBS) <i>GOD-POD Method</i>	77.4	mg/dL	70 - 110
Post Prandial Blood Sugar (PPBS) <i>GOD-POD Method</i>	83.9	mg/dL	70 - 140



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TEST REPORT

Reg. No : 403101578	Ref Id :	Collected On : 23-Mar-2024 09:33 AM
Name : Mrs. Rashi Chauhan		Reg. Date : 23-Mar-2024 05:33 PM
Age/Sex : 28 Years / Female	Pass. No. :	Tele No. : 8209861103
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	211.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	245.60	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	49.40	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	112.48	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	49.12	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	2.28		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	4.27		0 - 5.0
<i>Calculated</i>			

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TEST REPORT

Reg. No : 403101578 Ref Id :
 Name : Mrs. Rashi Chauhan Collected On : 23-Mar-2024 09:33 AM
 Age/Sex : 28 Years / Female Reg. Date : 23-Mar-2024 05:33 PM
 Ref. By : Pass. No. : Tele No. : 8209861103
 Sample Type : Serum Dispatch At :
 Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
LFT WITH GGT			
Total Protein	8.18	gm/dL	1Day: 3.4-5.0 1Day to 1Month: 4.6-6.8 2 to 12Months: 4.8-7.6 >=1Year : 6.0-8.0 Adults : 6.6-8.7
<i>Biuret Reaction</i> Albumin	5.25	g/dL	
<i>By Bromocresol Green</i> Globulin (Calculated)	2.93	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	1.79		0.8 - 2.0
SGOT <i>UV without P5P</i>	25.00	U/L	0 - 40
SGPT <i>UV without P5P</i>	27.80	U/L	0 - 40
Alkaline Phosphatase <i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>	149.0	IU/l	42 - 98
Total Bilirubin <i>Vanadate Oxidation</i>	0.55	mg/dL	0.3 - 1.2
Direct Bilirubin <i>Vanadate Oxidation</i>	0.08	mg/dL	0.0 - 0.4
Indirect Bilirubin <i>Calculated</i>	0.47	mg/dL	0.0 - 1.1
GGT <i>SZASZ Method</i>	19.40	U/L	< 38

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TEST REPORT

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Name	: Mrs. Rashi Chauhan	Pass. No.	:	Reg. Date	: 23-Mar-2024 05:33 PM
Age/Sex	: 28 Years / Female			Tele No.	: 8209861103
Ref. By	:			Dispatch At	:
Sample Type	: Serum			Location	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	2.00	mg/dL	2.6 - 6.0
Creatinine <i>Enzymatic Method</i>	0.58	mg/dL	0.6 - 1.1
BUN <i>UV Method</i>	13.80	mg/dL	6.0 - 20.0

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TEST REPORT

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Name	: Mrs. Rashi Chauhan	Pass. No.	:	Reg. Date	: 23-Mar-2024 05:33 PM
Age/Sex	: 28 Years / Female			Tele No.	: 8209861103
Ref. By	:			Dispatch At	:
Sample Type	: EDTA			Location	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
HEMOGLOBIN A1 C ESTIMATION Specimen: Blood EDTA			
*Hb A1C	4.6	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
<i>Boronate Affinity with Fluorescent Quenching</i> Mean Blood Glucose	85.32	mg/dL	
<i>Calculated</i>			

Degree of Glucose Control Normal Range:

- Poor Control >7.0% *
- Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %
- * High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.
- * Some danger of hypoglycemic reaction in Type I diabetics.
- * Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-


- *Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.
- *The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
- *The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
- *It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

- *Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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Approved On : 26-Mar-2024 09:29 AM
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TEST REPORT

Reg. No	: 403101578	Ref Id	:	Collected On	: 23-Mar-2024 09:33 AM
Name	: Mrs. Rashi Chauhan	Pass. No.	:	Reg. Date	: 23-Mar-2024 05:33 PM
Age/Sex	: 28 Years / Female			Tele No.	: 8209861103
Ref. By	:			Dispatch At	:
Sample Type	: Urine Spot			Location	: CHPL

Test	Result	Unit	Biological Ref. Interval
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URINE ROUTINE EXAMINATION
PHYSICAL EXAMINATION

Quantity	20 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	5.0	4.6 - 8.0
Sp. Gravity	1.005	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	Nil
Nitrite	Nil	Nil
Blood	Nil	Nil

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	Occasional/hpf	Nil
Erythrocytes (Red Cells)	Nil	Nil
Epithelial Cells	Occasional	Nil
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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Approved On : 23-Mar-2024 07:08 PM
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TEST REPORT

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Age/Sex : 28 Years / Female Pass. No. : Reg. Date : 23-Mar-2024 05:33 PM
Ref. By : Tele No. : 8209861103
Sample Type : Serum Dispatch At :
Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

THYROID FUNCTION TEST

T3 (Triiodothyronine) 1.02 ng/mL 0.86 - 1.92
CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

T4 (Thyroxine) 8.90 µg/dL 3.2 - 12.6
CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).

In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
2. F T4 values may be decreased in patients taking carbamazepine.
3. Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

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Age/Sex : 28 Years / Female Reg. Date : 23-Mar-2024 05:33 PM
Ref. By : Pass. No. : Tele No. : 8209861103
Sample Type : Serum Dispatch At :
Location : CHPL

TSH 1.300 μ IU/ml 0.35 - 5.50
CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.
TSH levels During Pregnancy :
First Trimester : 0.1 to 2.5 μ IU/mL
Second Trimester : 0.2 to 3.0 μ IU/mL
Third trimester : 0.3 to 3.0 μ IU/mL
Referance : Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Saunders, 2012:2170

----- End Of Report -----

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Approved On : 24-Mar-2024 05:38 PM
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LABORATORY REPORT

Name : Mrs. Rashi Chauhan
Sex/Age : Female/28 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 403101578
Reg. Date : 23-Mar-2024 05:33 PM
Collected On :
Report Date : 26-Mar-2024 08:13 AM

Electrocardiogram

Findings

Short PR.



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Jay Soni

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M.D, GENERAL MEDICINE

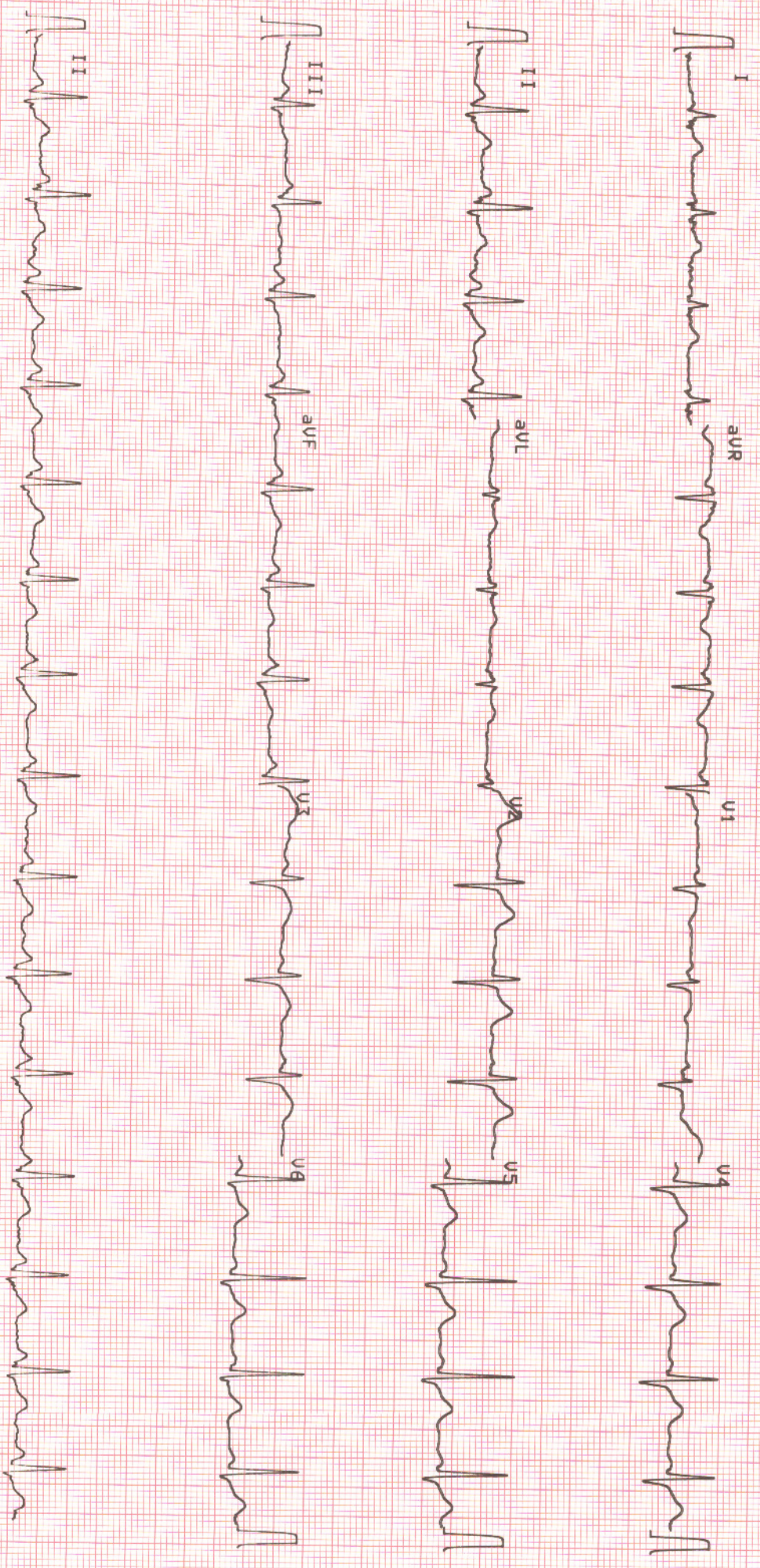
DR. MUKESH LADDHA

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NAME: CHRUHAN
 30
 Age: 28 years
 Height: 157 cm / 65 kg
 Sex: Male

HR: 91/min
 Axis: P 90°
 QRS 42°
 T 38°
 Intervals:
 RR 658 ms
 P 102 ms
 PR 114 ms
 QRS 90 ms
 QT 348 ms
 QTc 430 ms (Bazett)
 P (II) 0.22 mV
 S (V1) -0.47 mV
 R (V5) 1.54 mV
 Sokol. 2.48 mV

Short PR



10 mm/mV
 25 mm/s

10 mm/mV

SCHILLER
 0.05 25 Hz FS0 SGT 505 23.03.2024 12:18:35

CURIOUS HEALTHCARE

Chruhan



LABORATORY REPORT

Name : Mrs. Rashi Chauhan
Sex/Age : Female/28 Years
Ref. By :
Client Name : Mediwheel

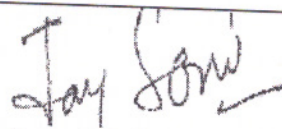
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2D Echo Colour Doppler

1. Normal sized LA, LV, RA, RV.
2. Normal LV systolic function, LVEF: 60%.
3. No RWMA.
4. Normal LV compliance.
5. All cardiac valves are structurally normal.
6. No MR, Trivial TR, No PR, No AR.
7. No PAH, RVSP: 31 mm Hg.
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.



This is an electronically authenticated report



Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

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LABORATORY REPORT

Name : Mrs. Rashi Chauhan
Sex/Age : Female/28 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 403101578
Reg. Date : 23-Mar-2024 05:33 PM
Collected On :
Report Date : 23-Mar-2024 06:46 PM

X RAY CHEST PA

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

COMMENT: No significant abnormality is detected.

----- End Of Report -----

This is an electronically authenticated report



DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494

Page 2 of 2



LABORATORY REPORT

Name : Mrs. Rashi Chauhan
Sex/Age : Female/28 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 403101578
Reg. Date : 23-Mar-2024 05:33 PM
Collected On :
Report Date : 23-Mar-2024 06:46 PM

USG ABDOMEN

Liver appears normal in size & in echogenicity. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic biliary or portal radicals. PV is normal in caliber.

Gall bladder is normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal.

Pancreas Visualized portion appears normal in size and echopattern. No evidence of focal lesions.

Spleen appears normal in size & echopattern.

Both kidneys are normal in size, shape and position. C.M. differentiation on both sides is maintained. No evidence of hydronephrosis, calculus or solid mass on either side.

Urinary bladder is partially distended. No evidence of calculus or mass lesion.

Uterus appears normal. No adnexal mass is seen.

44 x 32 mm sized simple right ovarian cyst

15x13 mm sized intramural fundal region uterine fibroid

No evidence of ascites.

No evidence of lymph adenopathy.

No evidence of dilated small bowel loops.

COMMENTS :

Simple right ovarian cyst.

Intramural fundal region uterine fibroid.

This is an electronically authenticated report



DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494



LABORATORY REPORT

Name : Mrs. Rashi Chauhan
Sex/Age : Female/28 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 403101578
Reg. Date : 23-Mar-2024 05:33 PM
Collected On :
Report Date : 26-Mar-2024 10:43 AM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -1.75

CY: -1.75

AX: 22

LEFT EYE

SP : -2.50

CY : -1.50

AX :144

	Without Glasses	With Glasses
Right Eye	6/24	6/5
Left Eye	6/24	6/5

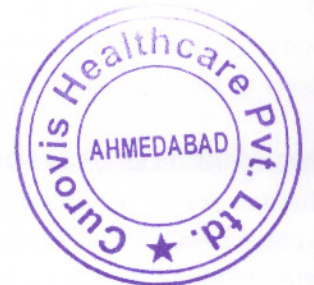
Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

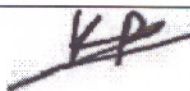
ColorVision : Normal

Comments: Normal

----- End Of Report -----



This is an electronically authenticated report


Dr Kejal Patel
MB,DO(Ophth)

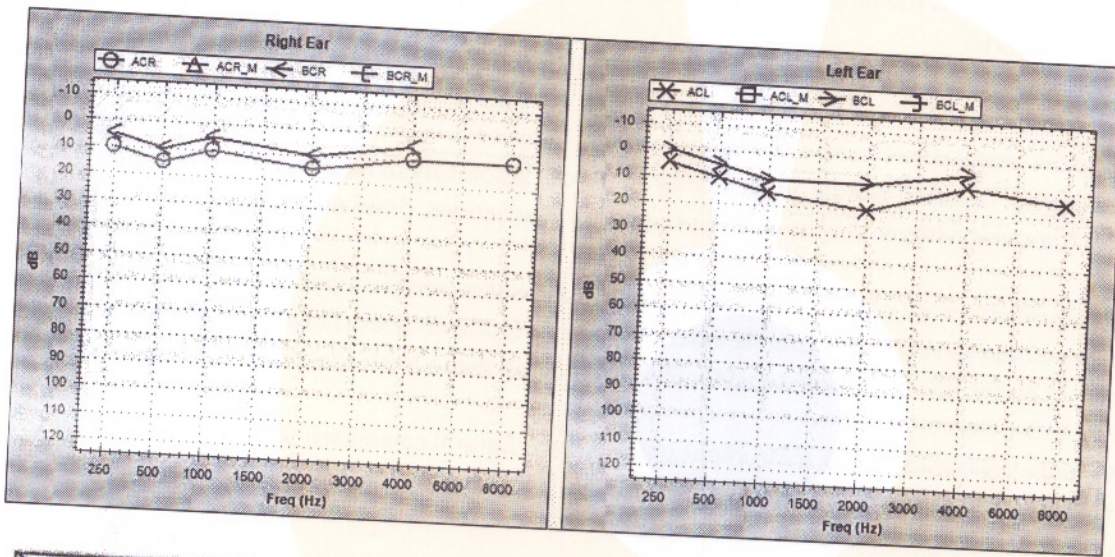


LABORATORY REPORT

Name : Mrs. Rashi Chauhan
 Sex/Age : Female/28 Years
 Ref. By :
 Client Name : Mediwheel

Reg. No : 403101578
 Reg. Date : 23-Mar-2024 05:33 PM
 Collected On :
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AUDIOGRAM



EAR	MODE	Air Conduction		Bone Conduction		Colour Code
		Masked	UnMasked	Masked	UnMasked	
LEFT		□	×	⊔	>	Blue
RIGHT		△	○	⊞	<	Red
NO RESPONSE : Add ↓ below the respective symbols						

Threshold in dB	RIGHT	LEFT
AIR CONDUCTION	10.5	10.5
BONE CONDUCTION		
SPEECH		

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

----- End Of Report -----



KP
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 MB,DO(Ophth)