Medivneel <wellness@mediwheel.in>

Mon 4/1/2024 3:41 PM

To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com> Cc:customercare@mediwheel.in <customercare@mediwheel.in>



011-41195959

Hi Manipal Hospital,

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

Hospital

Package Name

: Mediwheel Full Body Health Checkup Female Above 40

Patient Package

Name

: Mediwheel Full Body Health Checkup Female Above 40

Hospital

NH-24, Hapur Road, Oppo. Bahmeta Village, Near Lancraft Golf Links

Address

Aparment

Contact Details: 8750104424

Appointment

Date

: 13-04-2024

Confirmation

Status

: Booking Confirmed

Preferred Time : 8:00am

Me	ember Information	
Booked Member Name	Age	Gender
PREETI	43 year	Female

We request you to facilitate the employee on priority.

Thanks, Mediwheel Team

Please Download Mediwheel App





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भारतीय विशिष्ट पहचान प्राधिकरण UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: W/O अनिल कुमार जोशी, जी-६६१ जी ब्लाक, गोविन्दपुरम स.ओ, गाज़ियाबाद, उत्तर प्रदेश, 201013

Address: W/O Anil Kumar Joshi, G-661 G block, Govindpuram S.O, Govindpuram , Ghaziabad, Uttar Pradesh, 201013









P.O. Box No.1947, Bengaluru-560 001



भारत सरकार GOVERNMENT OF INDIA



प्रीति जोशी Preeti Joshi जन्म वर्ष / Year of Birth : 1980 महिला / Female



8926 2297 9103

आघार — आम आदमी का अधिकार

Manipal Hospital Ghaziabad

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad 201 002 0120 3535 353 / +91 88609 45566



OUTPATIENT RECORD

Hospital No: MH013287122

MRS PREETI JOSHI Name:

Doctor Name: HEALTH CHECK MGD

13/04/2024 08:47AM

BP Systolic: 99 mmHg

Saturation(Oxygen): 98% BMI: 23.23

BP Diastolic: 66 mmHg

Height: 155cm

Pain Score: 00

Visit No: H18000002104

Age/Sex: 43 Yrs/Female Specialty: HC SERVICE MGD

Pulse Rate: 76beats per minute

Weight: 55.8kg

Fall Risk: 01

OPD Notes:

Vulnerable: 01

PRESENT OPHTHALMIC COMPLAINS - HEALTH CHECKUP

SYSTEMIC/ OPHTHLMIC HISTORY - N/C

EXAMINATION DETAILS

RIGHT EYE

LEFT EYE

VISION

6/6

6/6 NORMAL

CONJ

NORMAL

CLEAR

CORNEA LENS

CLEAR CLEAR

CLEAR

OCULAR MOVEMENTS

FULL 18

FULL 18

NCT

FUNDUS EXAMINATION

OPTIC DISC

C:D 0.3

C:D 0.3

MACULAR AREA

FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT

ADVISE / TREATMENT

E/D AQUALINA 4 TIMES DAILY BE

REVIEW AFTER 6 MTH

HEALTH CHECK MGD

1 of 1









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LABORATORY REPORT

Name

: MRS PREETI JOSHI

: MH013287122

43 Yr(s) Sex :Female

Registration No

Age Lab No

202404002044

Patient Episode

: H18000002104

Collection Date:

13 Apr 2024 12:47

Referred By

: HEALTH CHECK MGD

Reporting Date:

14 Apr 2024 10:30

Receiving Date

: 13 Apr 2024 12:47

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Specimen: Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS

106.0

mg/dl

[80.0-140.0]

Method: Hexokinase

Note:

Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying,

brisk glucose absorption , post exercise

Page 1 of 1

----END OF REPORT--

Dr. Charu Agarwal **Consultant Pathologist**





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LABORATORY REPORT

Name

MRS PREETI JOSHI

Age

43 Yr(s) Sex: Female

Registration No

MH013287122

Lab No

202404002042

13 Apr 2024 08:57

Patient Episode

H18000002104

Collection Date:

Referred By

HEALTH CHECK MGD

Reporting Date:

13 Apr 2024 10:43

Receiving Date

13 Apr 2024 08:57

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Specimen Type : Serum

THYROID PROFILE, Serum

T3 - Triiodothyronine (ELFA) T4 - Thyroxine (ELFA) Thyroid Stimulating Hormone

ng/ml 1.040 ug/ dl 6.000

uIU/mL

[0.610-1.630] [4.680 - 9.360][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.

4.880

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.

Page 1 of 2





LABORATORY REPORT

Name

MRS PREETI JOSHI

Age

43 Yr(s) Sex: Female

Registration No

MH013287122

Lab No

202404002042

Patient Episode

H18000002104

Collection Date:

13 Apr 2024 08:57

Referred By

: HEALTH CHECK MGD

Reporting Date:

Receiving Date

13 Apr 2024 08:57

13 Apr 2024 13:09

BLOOD BANK

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing

A Rh(D) Positive

Technical note:

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

Page 2 of 2

NOTE:

- Abnormal Values

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

Dr. Alka Dixit Vats **Consultant Pathologist**







LABORATORY REPORT

Name : MRS PREETI JOSHI

: MH013287122 : H18000002104

Referred By

ESR

Registration No

Patient Episode

: HEALTH CHECK MGD

Receiving Date : 13 Apr 2024 08:57 Age

43 Yr(s) Sex: Female

Lab No

202404002042

Collection Date: 13 Apr 2024 08:57

Reporting Date:

13 Apr 2024 12:26

HAEMATOLOGY

TEST	RESULT	UNIT BIOLOGIC	AL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMAT	ED)	SPECIMEN-EDTA Whole	Blood
RBC COUNT (IMPEDENCE) HEMOGLOBIN	4.04 11.6 #	millions/cumm g/dl	[3.80-4.80] [12.0-15.0]
Method:cyanide free SLS-color HEMATOCRIT (CALCULATED) MCV (DERIVED) MCH (CALCULATED) MCHC(CALCULATED) RDW CV% (DERIVED) Platelet count Method: Electrical Impedance MPV(DERIVED)	36.7 90.8 28.7 31.6 14.1 # 208	% fL pg g/dl % x 10 ³ cells/cumm	[36.0-46.0] [83.0-101.0] [25.0-32.0] [31.5-34.5] [11.6-14.0] [150-410]
WBC COUNT (TC) (IMPEDENCE) DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)	5.30	\times 10 3 cells/cumm	[4.00-10.00]
Neutrophils Lymphocytes Monocytes	51.0 31.0 7.0	90 90 90	[40.0-80.0] [20.0-40.0] [2.0-10.0]
Eosinophils Basophils	11.0 # 0.0	% %	[1.0-6.0] [0.0-2.0]

24.0 #

mm/1sthour

Page 1 of 7

[0.0-







LABORATORY REPORT

Name

: MRS PREETI JOSHI

Age

43 Yr(s) Sex: Female

Registration No

: MH013287122

Lab No

202404002042

Patient Episode

: H18000002104

Collection Date:

13 Apr 2024 09:51

Referred By

: HEALTH CHECK MGD

Reporting Date:

13 Apr 2024 10:45

Receiving Date

: 13 Apr 2024 09:51

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour

PALE YELLOW

(Pale Yellow - Yellow)

Appearance

CLEAR

(4.6 - 8.0)

Reaction[pH] Specific Gravity 7.0 1.005

(1.003 - 1.035)

CHEMICAL EXAMINATION

Protein/Albumin

Negative

(NEGATIVE)

Glucose

NIL

(NIL)

Ketone Bodies Urobilinogen

Negative Normal

(NEGATIVE) (NORMAL)

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells

2-3/hpf

(0-5/hpf)

RBC

0-1/hpfNIL

/hpf

(0-2/hpf)

Epithelial Cells CASTS

NIL

NIL

NIL

Crystals Bacteria OTHERS

NIL

Page 2 of 7







LABORATORY REPORT

Name

: MRS PREETI JOSHI

Age

43 Yr(s) Sex : Female

Registration No

: MH013287122

Lab No

202404002042

Patient Episode

: H18000002104

Collection Date :

13 Apr 2024 08:57

Referred By

: HEALTH CHECK MGD

Reporting Date :

13 Apr 2024 13:11

Receiving Date

: 13 Apr 2024 08:57

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Glycosylated Hemoglobin

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin)

5.3

응

[0.0-5.6]

Method: HPLC

As per American Diabetes Association (ADA

HbAlc in %

Non diabetic adults >= 18 years <5.7

Prediabetes (At Risk) 5.7-6.4 Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG)

105

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 glycemic control.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	145	mg/dl	[<200]
Method:Oxidase, esterase, peroxide			Moderate risk:200-239
A CONTRACTOR OF THE CONTRACTOR			High risk:>240
TRIGLYCERIDES (GPO/POD)	68	mg/dl	[<150]
			Borderline high: 151-199
			High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	59	mg/dl	[35-65]
Method: Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	14	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	72.0	mg/dl	[<120.0]
			Near/

Above optimal-100-129

Borderline High:130-159 High Risk:160-189

Page 3 of 7







LABORATORY REPORT

Name

: MRS PREETI JOSHI

Age

43 Yr(s) Sex :Female

Registration No

: MH013287122

Lab No

202404002042

Patient Episode

: H18000002104

Collection Date:

13 Apr 2024 08:57

Referred By

: HEALTH CHECK MGD

Reporting Date:

13 Apr 2024 10:31

Receiving Date

: 13 Apr 2024 08:57

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol	ratio(Calculated)	2.5	<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHO	L Ratio(Calculated)	1.2	<pre><3 Optimal 3-4 Borderline >6 High Risk</pre>

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

Spe	cimen: Serum				
URE	A		15.2	mg/dl	[15.0-40.0]
Met	hod: GLDH, Kinatic	assay			
BUN	, BLOOD UREA NITROG	EN	7.1 #	mg/dl	[8.0-20.0]
Met	hod: Calculated				
CRE	ATININE, SERUM		0.60 #	mg/dl	[0.70-1.20]
Met	hod: Jaffe rate-IDM	S Standardizat			
URIC	C ACID		3.4 #	mg/dl	[4.0-8.5]
Met	hod:uricase PAP				
COD	IUM, SERUM		138.40	mmol/L	[136.00-144.00]
300.	IOH, SEKOH		130.40	MIMOT/ II	[130.00 144.00]
POTA	ASSIUM, SERUM		4.53	mmol/L	[3.60-5.10]
SER	JM CHLORIDE		108.2	mmol/L	[101.0-111.0]
Met	hod: ISE Indirect	* 9			

Page 4 of 7







LABORATORY REPORT

Name

: MRS PREETI JOSHI

Age

43 Yr(s) Sex :Female

Registration No

: MH013287122

Lab No

202404002042

Patient Episode

13 Apr 2024 08:57

: H18000002104

Collection Date:

13 Apr 2024 06.37

Referred By

: HEALTH CHECK MGD

Reporting Date:

13 Apr 2024 10:31

Receiving Date

: 13 Apr 2024 08:57

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

eGFR (calculated)

112.0

ml/min/1.73sq.m

[>60.0]

10 20 1 201

Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to1.73 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	1.22 #	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.21	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	1.01 #	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.10	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.06	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	1.34		[1.00-2.50]
AST(SGOT) (SERUM) Method: IFCC W/O P5P	20.00	U/L	[0.00-40.00]

Page 5 of 7







LABORATORY REPORT

Name

: MRS PREETI JOSHI

Age

43 Yr(s) Sex : Female

Registration No

: MH013287122

Lab No

202404002042

Patient Episode

: H18000002104

Collection Date:

13 Apr 2024 08:57

Referred By

. 1118000002104

: HEALTH CHECK MGD

Reporting Date :

13 Apr 2024 10:31

Receiving Date

: 13 Apr 2024 08:57

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	10.00 #	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	36.0	IU/L	[32.0-91.0]
GGT	12.0	U/I	[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.

Page 6 of 7

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

Dr. Alka Dixit Vats

Dr. Alka Dixit Vats Consultant Pathologist







LABORATORY REPORT

Name

: MRS PREETI JOSHI

Age

43 Yr(s) Sex :Female

Registration No

: MH013287122

Lab No

202404002043

Patient Episode

Dab 110

1

: H18000002104

Collection Date:

13 Apr 2024 08:57

Referred By

: HEALTH CHECK MGD

Reporting Date:

13 Apr 2024 10:32

Receiving Date

: 13 Apr 2024 08:57

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting

Specimen: Plasma GLUCOSE, FASTING (F)

92.0

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, adrenocortica insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),

insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

Page 7 of 7

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

Dr. Alka Dixit Vats Consultant Pathologist







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RADIOLOGY REPORT

NAME	MRS, PREETI JOSHI	STUDY DATE	13/04/2024 9:33AM
AGE / SEX	43 y / F	HOSPITAL NO.	MH013287122
ACCESSION NO.	R7229702	MODALITY	US
REPORTED ON	13/04/2024 10:40AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS FINDINGS

LIVER: Liver is normal in size (measures 139 mm), shape and echotexture. Rest normal. SPLEEN: Spleen is normal in size (measures 69 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 8 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 normal in size, shape and echotexture. Rest normal.

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

maintained. Rest normal.

Right Kidney: measures 103 x 32 mm. Left Kidney: measures 101 x 44 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.

UTERUS: Uterus is anteverted, normal in size (measures 64 x 59 x 37 mm), shape and echotexture.

Endometrial thickness measures 8mm. Cervix appears normal.

OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.

Right ovary measures $33 \times 33 \times 17$ mm with volume 9.7 cc. Left ovary measures $33 \times 30 \times 19$ mm with volume 10.1 cc.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-No significant abnormality noted.

Recommend clinical correlation

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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



Ghaziabad - 201002 Ph. +91 120 353 5353, M. 88609 45566 www.manipalhospitals.com

RADIOLOGY REPORT

NAME	MRS, PREETI JOSHI	STUDY DATE	13/04/2024 9:25AM
AGE / SEX	43 y / F	HOSPITAL NO.	MH013287122
ACCESSION NO.	R7229700	MODALITY	CR
REPORTED ON	13/04/2024 9:30AM	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*****

manipalhospitals





TMT INVESTIGATION REPORT

Patient Name MRS PREETI JOSHI

Location

: Ghaziabad

Age/Sex

: 43Year(s)/Female

Visit No

: V0000000001-GHZB

Order Date

: 13/04/2024

MRN No

MH013287122

Ref. Doctor : HCP

Report Date

: 13/04/2024

Protocol

: Bruce

MPHR

: 177BPM

Duration of exercise

: 05min 18sec

85% of MPHR

: 150BPM

Reason for termination : THR achieved Blood Pressure (mmHg) : Baseline BP : 100/60mmHg

Peak BP

Peak HR Achieved : 153BPM % Target HR

: 86%

: 130/90mmHg

METS

: 7.0METS

TO CHANCES					ARRHYTHMIA	
STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ANN
			100/00	Nil	No ST changes seen	Nil
PRE- EXC.	0:00	79	100/60	INII		Nil
CTACE 1	3:00	129	110/70	Nil	No ST changes seen	INII
STAGE 1	3.00			NIII.	No ST changes seen	Nil
STAGE 2	2:18	153	130/90	Nil	NO 31 changes com	NI:I
\$400.0000000000000000000000000000000000		00	116/70	Nil	No ST changes seen	Nil
RECOVERY	3:25	90	110//0			

COMMENTS:

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

Treadmill test is **negative** for exercise induced/reversible myocardial ischemia.

Dr. Bhupendra Singh

Dr. Abhishek Singh

Dr. Sudhanshu Mishra

MD, DM (CARDIOLOGY), FACC Sr. Consultant Cardiology

MD, DNB (CARDIOLOGY), MNAMS MD Sr.Consultant Cardiology

Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P: 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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P +91 80 4936 0300 E info@manipalhospitals.com www.manipalhospitals.com

preeti joshi

