

Patient Name	: Mrs.SRAVANTHI	Collected	: 27/Dec/2023 11:01AM
Age/Gender	: 29 Y 5 M 10 D/F	Received	: 27/Dec/2023 12:53PM
UHID/MR No	: CMYS.0000059034	Reported	: 27/Dec/2023 01:39PM
Visit ID	: CMYSOPV120786	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: HJEPS6962P		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED230322605



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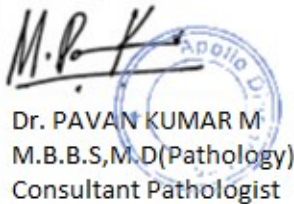
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.5	g/dL	12-15	Spectrophotometer
PCV	39.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.17	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	76	fL	83-101	Calculated
MCH	24.2	pg	27-32	Calculated
MCHC	32	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	13,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59.2	%	40-80	Electrical Impedance
LYMPHOCYTES	30.7	%	20-40	Electrical Impedance
EOSINOPHILS	3.1	%	1-6	Electrical Impedance
MONOCYTES	6.5	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	7814.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	4052.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	409.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	858	Cells/cu.mm	200-1000	Calculated
BASOPHILS	66	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	474000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

R.B.C: Majority are microcytic hypochromic with good number of normocytic normochromic RBCs.

W.B.C: increased in number with normal morphology and distribution.



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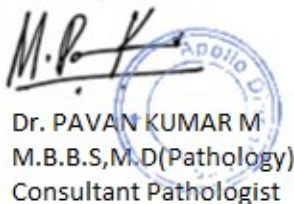
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Platelets: normal in number and are seen in singles and clumps.

Hemoparasites: Not seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH LEUCOCYTOSIS.


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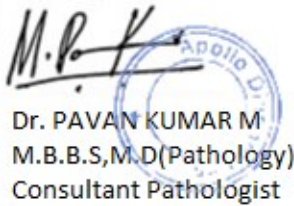


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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Patient Name : Mrs.SRAVANTHI	Collected : 27/Dec/2023 10:59AM
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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
GLUCOSE, FASTING , NAF PLASMA	92	mg/dl	74-106	GOD, POD

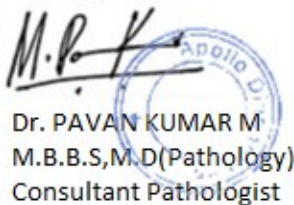
Comment:

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.



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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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	171	mg/dL	70-140	GOD - POD

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.



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

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
3. 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.
4. 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 glycaemic control when clinical conditions that affect erythrocyte survival are present.
5. 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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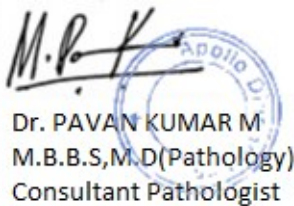
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	153	mg/dl	0-200	CHOD
TRIGLYCERIDES	165	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	30	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	123	mg/dL	<130	Calculated
LDL CHOLESTEROL	90.06	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.95	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.10		0-4.97	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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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DEPARTMENT OF BIOCHEMISTRY

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


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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.84	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.71	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	32	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31.0	U/l	0-31	IFCC
ALKALINE PHOSPHATASE	94.00	U/l	42-98	IFCC (AMP buffer)
PROTEIN, TOTAL	8.20	g/dl	6.4-8.3	Biuret
ALBUMIN	5.10	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		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:

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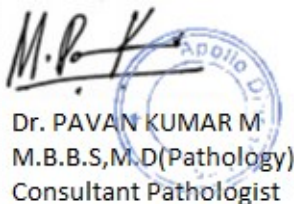


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- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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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	0.48	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	13.99	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	6.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.50	mg/dL	2.5-6.2	Uricase
CALCIUM	10.14	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	4.01	mg/dl	2.7-4.5	Molybdate
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	5.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE



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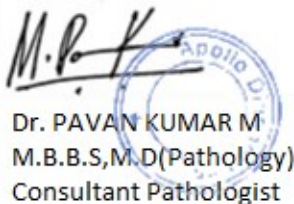


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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	33.00	U/l	0-38	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

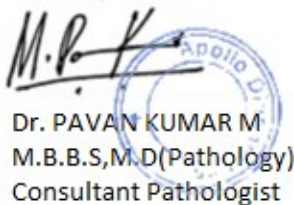
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.97	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.76	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.570	µIU/mL	0.35-4.94	CMIA

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:SPL23191903



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SIN No:SPL23191903



Patient Name : Mrs.SRAVANTHI	Collected : 27/Dec/2023 11:01AM
Age/Gender : 29 Y 5 M 10 D/F	Received : 27/Dec/2023 01:15PM
UHID/MR No : CMYS.0000059034	Reported : 27/Dec/2023 02:10PM
Visit ID : CMYSOPV120786	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : HJEPS6962P	

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	1.015		1.002-1.030	Dipstick
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	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
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

Page 16 of 17



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UR2251190



Patient Name : Mrs.SRAVANTHI	Collected : 27/Dec/2023 11:01AM
Age/Gender : 29 Y 5 M 10 D/F	Received : 27/Dec/2023 01:15PM
UHID/MR No : CMYS.0000059034	Reported : 27/Dec/2023 02:10PM
Visit ID : CMYSOPV120786	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : HJEPS6962P	

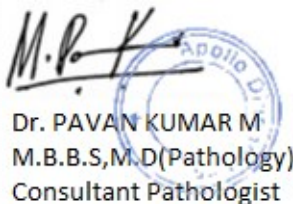
DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UF010106





Patient Name : Mrs. SRAVANTHI

Age/Gender : 29 Y/F

UHID/MR No. : CMYS.0000059034

OP Visit No : CMYSOPV120786

Sample Collected on :

Reported on : 09-01-2024 12:49

LRN# : RAD2192099

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : HJEPS6962P

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

PATIENT SKIP THE ULTRASOUND ABDOMEN AND PELVIS.



Patient Name	: Mrs. SRAVANTHI	Age/Gender	: 29 Y/F
UHID/MR No.	: CMYS.0000059034	OP Visit No	: CMYSOPV120786
Sample Collected on	:	Reported on	: 27-12-2023 15:35
LRN#	: RAD2192099	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: HJEPS6962P		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

PATIENT SKIP THE CHEST X RAY .

Name: Mrs. SRAVANTHI
Age/Gender: 29 Y/F
Address: MANDYA
Location: MANDYA, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: MYSORE_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SABAH JAVED

MR No: CMYS.0000059034
Visit ID: CMYSOPV120786
Visit Date: 27-12-2023 10:52
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: **For Annual Health Checkup,**

SYSTEMIC REVIEW

****Weight**

--->: **Stable,**

Number of kgs: **65,**

-=: **156,**

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: **Nil Significant,**

Cancer: **NILL,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

IMPRESSION

Finding Category : **within normal limits,**

EKG

: **NORMAL,**

RECOMMENDATION

DISCLAIMER

Disclaimer: **The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,**

Doctor's Signature



Bill Of Supply

Name : Mrs. SRAVANTHI
 Age/Gender : 29 Y F
 Contact No : +919963727906
 Address : MANDYA
 UHID : CMYS.0000059034
 Corporate Name : ARCOFEMI HEALTHCARE LIMITED
 Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

Bill No : CMYS-OCR-22004
 Bill/Reg Date : 27.12.2023 10:53
 Referred by : SELF
 Center : Mysore
 Emp No/Auth Code : HJEPS6962P

#	Department	Description Of Service	SAC/HSN Code	Qty	Rate	Gross Value	Discount	CGST Rate	CGST Amt	SGST/UTGST Rate	SGST/UTGST Amt	Net Value
1	Package Charges	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	999312	1	2,400.00	2,400.00	0.00	0.00	0.00	0.00	0.00	2,400.00

Bill Amount: 2,400.00
Total Discount: 0.00
Patient Payment: 0.00
Corporate Due: 2,400.00
Patient Due: 0.00

Received with thanks: Zero Rupees only

Authorized Signature : (Nikhitha R)

You can download your report from "www.apolloclinic.com" Enter user name as CMYSOPV120786 and password as 672595

Please log on to AskApollo.com for booking Appointments

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

HJEPSS6962P

नाम / Name
SEERALA SRAVANTHI

पिता का नाम / Father's Name
GATTIAIH SEERALA

जन्म की तारीख / Date of Birth
17/07/1994

S. Sravanthi
हस्ताक्षर / Signature



Fwd: Health Check up Booking Confirmed Request(bobS53175),Package Code-
PKG10000319, Beneficiary Code-45953

Nikhitha R <nikhithar471@gmail.com>

Wed 27-12-2023 10:29

To:Mysore Apolloclinic <mysore@apolloclinic.com>

----- Forwarded message -----

From: **rakeshreddy kolipaka** <rakeshreddy717@gmail.com>

Date: Wed, 27 Dec, 2023, 10:28 am

Subject: Fwd: Health Check up Booking Confirmed Request(bobS53175),Package Code-PKG10000319,
Beneficiary Code-45953

To: Nikhitha R <nikhithar471@gmail.com>

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Tue, 26 Dec, 2023, 7:00 pm

Subject: Health Check up Booking Confirmed Request(bobS53175),Package Code-PKG10000319,
Beneficiary Code-45953

To: <rakeshreddy717@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959
[Email:wellness@mediwheel.in](mailto:wellness@mediwheel.in)

Dear **Sravanthi** ,

Please find the confirmation for following request.

Booking Date : 22-12-2023

Package Name : Arcofemi MediWheel Full Body Health Annual Plus Check Female 2D
ECHO

**Name of
Diagnostic/Hospital** : Apollo Clinic

**Address of
Diagnostic/Hospital** : Apollo Clinic, 23, Kalidasa Road, VV Mohalla, Mysore -570002

Contact Details : 18605007788

City : Mysore

State : Karnataka

Pincode : 570002

Appointment Date : 27-12-2023

ID: 59034

27-12-2023 12:32:52 PM

MRS SRAVANTHI

Female 29Years

163cm 81kg 130/80 mmHg

Diagnosis Information:

Unconfirmed Report.

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006042



0.5-45Hz AC50 25mm/s 10mm/mV 2*5.0s

CARDIART 9

D V1.43

Glasgow V28.6.0

APOLLO CLINIC MYSURU

Informed Consent/Declaration For Test Exclusion

Patient Name: Mrs Sravanthi Age: 28

UHID Number: 59034

Please tick and sign the relevant part

I certify that I will skip LBEPap smear + Xray Test from my own.

No refund is provided for the above excluded test and i have been informed about the same.

Patient signature: [Signature] Date: 27/12/23

Witness signature: [Signature] Date: 27/12/23

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Informed Consent/Declaration For Test Exclusion

Patient Name: Mrs. Sravanthi Age: 29 year female

UHID Number: 59034

Please tick and sign the relevant part

I certify that I will skip Echo + Phy + Gyn + Diet + ENT + USG + opthal Test from my own.

No refund is provided for the above excluded test and i have been informed about the same.

Patient signature: [Signature] Date: 27/12/23

Witness signature: [Signature] Date: 27/12/23

Apollo Clinic
23, 1st Floor,
Kallidasa Road, Mysore - 02
Ph : 0821-4006040/41