

Health Check up Booking Request(43E1995)

1 message

Medsave <it@medsave.in>
To: healthcareshridurga@gmail.com
Cc: customercare@mediwheel.in

19 November 2024 at 13:31



011-41195959

Dear Shri Durga Healthcare

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking? Yes No

Name : MR RAKESH KUMAR YADAV

Proposal No : 3219

Branch Code : 119

Contact Details : 9310995357

Location : DE3, Nar Gyan Singh Arya Marg, South Extension I, Block D, New Delhi, Delhi 110049

Appointment Date : 20-11-2024

| Member Information | | |
|-----------------------|---------|--------|
| Booked Member Name | Age | Gender |
| MR RAKESH KUMAR YADAV | 54 year | Male |

Included Test -

- Complete Hemogram

Thanks,
Medsave
Team





भारत सरकार

GOVERNMENT OF INDIA



राकेश कुमार यादव

Rakesh Kumar Yadav

जन्म तिथि/ DOB: 01/08/1970

पुरुष / MALE



7190 8648 4465

मेरा आधार, मेरी पहचान

Rakesh

Dr. Mayank
MBBS, India



IDENTIFICATION & DECLARATION FORMAT

To,
LIC of India
Branch Office 1A

Proposal No : 3219

Name of Life to be assured: Rakesh Kumar Yadav

The Life to be assured was identified on the basis of: Aadhar

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which report/s are enclosed.

I hereby declare that the person examined has signed (affixed his/her thumb impression) in the space earmarked below, in my presence and I am not related to him/her or the Agent or the Development Officer.

Dated at AD on the 20/11/24 day of 2024 at 2.25 a.m.

Signature of the Pathologist/Doctor [Signature]
(Name & Rubber stamp) Qualification:

Signature of the Cardiologist (if LA has undergone CTMT / ECG)
Name & Rubber stamp) Qualification

Signature of the Radiologist (if LA has undergone X-ray or scanning)
Name & Rubber stamp) Qualification

The examinations /tests were done with my consent and I was fasting for more than 12 hrs before the tests

Signature of the Life to be Assured
Name:

- Reports enclosed.
1. Haemogram
 2.
 3.
 4.
 5.





Shri Durga Health Care

Consultation : Computerized Pathological Lab. ECG, CTMT, PFT

| | | | |
|----------|--------------------|----------|------|
| Name: | RAKESH KUMAR YADAV | Sex: | MALE |
| Lab. No: | 202401101 | Age: | 54 |
| Date: | 20/11/2024 | Ref. By: | LIC |

Haemogram

| TEST NAME | | UNIT | NORMAL VALUE |
|-------------------------------|-------|-------------|------------------------------------|
| Hemoglobin (HB) | 14.9 | mg/dl | 13.2 - 16.2 (M) 12.0 - 15.2 (F) |
| Total Leukocyte Count | 7,800 | cells/cmm | 4,000-11,000 |
| Differential Leukocyte Count* | | | |
| Neutrophils | 70 | % | 45 - 75 |
| Lymphocyte | 25 | % | 20 - 35 |
| Eosinophil | 03 | % | 01 - 06 |
| Monocyte | 02 | % | 02 - 10 |
| Basophile | 00 | % | 00 - 01 |
| Band Form | 00 | % | ---- |
| RBC | 4.96 | million/cmm | 3.5 - 5.5 |
| PCV | 44.7 | % | 36 - 52 |
| MCV | 90 | f | 78 - 98 |
| MCH | 30 | pg | 27 - 32 |
| MCHC | 33 | % | 32 - 38 |
| E S R (Wintrobe's method) | 10 | mm/hr | 0 - 15 |
| PLATELETS COUNT | 2.65 | Lac/cmm | 1.5 - 4.5 |

*****End of Report*****



SDHC

D-63, Ground Floor, South Exn. Part-1, Near Barat Ghar, New Delhi-110049

Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

Note Vaid For Medico-legal Purposes

Home Sample Collection Facility Available | Timing : 8:00 am To 8: Pm (Sunday Open)

20/11/24

durga HEALTHCARE
(CHAUDHARY DURGA SINGH)
HEALTHCARE PRIVATE LIMITED

DR. NARINDER
DR. SEKHAR
DR. POOJA



GPS Map Camera



New Delhi, Delhi, India
D-63, near Bank of Baroda, South Extension I, Block D, New Delhi, Delhi 110003,
India
Lat 28.572248°
Long 77.221445°
20/11/24 02:26 PM GMT +05:30



Dr. MAHESH PAL
MBBS, (MD)