



ETERNAL HOSPITAL Sanganer



Dr. Diwanshu Khatana
MBBS, MD (Gen. Medicine)
Consultant - Internal Medicine
Reg. No. 40602/15859

Mr. VIKAS JAIN
40009074 Jan 4 2024 9:54AM
52 Yrs/Male OPSCR23-24/1054
EHS CONSULTANT
8413688800

Provisional Diagnosis:

Drug Allergy:

Complaints:

Medication Advice:

Pain: Yes No

*Medi khatana
Well in health*

Physical Examination:

Pallor : Yes/No Icterus : Yes/No
Cynosis : Yes/No Edema : Yes/No
Lymphadenopathy : Yes/No

No Hb any chronic illness

Systemic Examination:

CVS : _____

CNS : _____

Respiratory System :

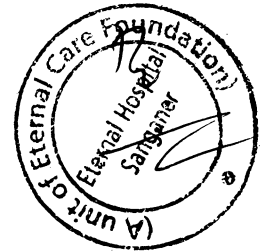
GI System : _____

Skin : _____

Investigation:

Follow up:

Diet Advice: Normal Low Fat Diabetic Renal Low Salt





OUT-PATIENT INITIAL ASSESSMENT FORM

Chief Complaints: Medi wheel

Communicable disease (if any): NO

Vital Sign: SpO2: 98% Pulse: 83 BP: 116/81 Height: 178 cms Weight: 63.2 Kgs

Allergies: Yes No If yes specify: YUKNOWY

Psychosocial:

Alcohol Intake: NO Substance abuse: NO Smoking: NO

Do you have any special religious, spiritual or cultural needs to be considered? Yes No

Pain: Yes No Onset: — Location: — Duration: — Aggravation with: —

Characteristic: Sharp/ Dull/ Aching/ constant/ intermittent/ pressure/ tightness/ squeezing/ heavy

Pain Score: 0/10 Pain Scale Used NRS

If pain score is more then 3 then inform to pain nurse Yes No

Nutritional Screening:

Last 3 months appetite Increased Decreased No Change

Last 3 months Weight Increased Decreased No Change

Type of Patient Diabetic Non Diabetic Type of Diet Normal diet

Fall Risk Screening Adult:

Age more than 65 years History fall in last 6 Months

Walks with assistance Any neurological problem

Fall Risk Screening Pediatric:

H/O Fall in last 6 Months Neurological Pain

Dearranged Mobility No Sign

In case of 3 or more criteria met initiate detailed fall assessment & fall prevention protocol.

Gestational Age - LMP: X EDD: X Oedema: Yes/No NA

In case of emergency person to contact (Name / Phone/No):

1. Ms. RACHA 2. —

Name: Sanjay Sign: [Signature] Emp-Id: 1165 Date: 4/1/24 Time: 9:55 AM



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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. VIKAS JAIN	Lab No	4019296
UHID	40009074	Collection Date	04/01/2024 10:22AM
Age/Gender	52 Yrs/Male	Receiving Date	04/01/2024 12:04PM
IP/OP Location	O-OPD	Report Date	04/01/2024 12:55PM
Referred By	EHS CONSULTANT	Report Status	Final
Mobile No.	9413688800		

CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Sample: Urine
PHYSICAL EXAMINATION				
VOLUME	25	ml		
COLOUR	PALE YELLOW		P YELLOW	
APPEARANCE	CLEAR		CLEAR	
CHEMICAL EXAMINATION				
PH	7.0		5.5 - 7.0	
SPECIFIC GRAVITY	1.010		1.016-1.022	
PROTEIN	NEGATIVE		NEGATIVE	
SUGAR	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
BLOOD	NEGATIVE			
KETONES	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
UROBILINOGEN	NEGATIVE		NEGATIVE	
LEUCOCYTE	NEGATIVE		NEGATIVE	
MICROSCOPIC EXAMINATION				
WBCS/HPF	0-1	/hpf	0 - 3	
RBCS/HPF	0-0	/hpf	0 - 2	
EPITHELIAL CELLS/HPF	1-2	/hpf	0 - 1	
CASTS	NIL		NIL	
CRYSTALS	NIL		NIL	
BACTERIA	NIL		NIL	
OTHERS	NIL		NIL	

RESULT ENTERED BY : SUNIL EHS


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Methodology:-

Glucose: GOD-POD, Bilirubin: Diazo-Azo-coupling reaction with a diazonium, Ketone: Nitro Pruside reaction, Specific Gravity: Proton release from ions, Blood: Pseudo-Peroxidase activity of Haem moiety, pH: Methyl Red-Bromothymol Blue (Double indicator system), Protein: H+ Release by buffer, microscopic & chemical method.
interpretation: Diagnosis of Kidney function, UTI, Presence of Protein, Glucoses, Blood. Vocabulary syntax: Kit insert

****End Of Report****

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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. VIKAS JAIN	Lab No	600069	 <small>MC-2561</small>
UHID	333976	Collection Date	04/01/2024 11:25AM	
Age/Gender	52 Yrs/Male	Receiving Date	04/01/2024 11:26AM	
IP/OP Location	O-OPD	Report Date	04/01/2024 11:53AM	
Referred By	Dr. EHCC Consultant	Report Status	Final	
Mobile No.	9773349797			

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range
HbA1C	5.5	%	Sample: WHOLE BLOOD EDTA < 5.7% Nondiabetic 5.7-6.4% Pre-diabetic > 6.4% Indicate Diabetes Known Diabetic Patients < 7% Excellent Control 7 - 8% Good Control > 8% Poor Control

Method : - High - performance liquid chromatography HPLC
 Interpretation:-Monitoring long term glycemic control, testing every 3 to 4 months is generally sufficient.
 The approximate relationship between HbA1C and mean blood glucose values during the preceding 2 to 3 months.

****End Of Report****

RESULT ENTERED BY : Mr. MAHENDRA KUMAR

Dr. SURENDRA SINGH
 CONSULTANT & HOD
 MBBS|MD| PATHOLOGY


 Dr. ASHISH SHARMA
 CONSULTANT & INCHARGE PATHOLOGY
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 Phone : +91-141-5174000, 2774000, Website : www.eternalhospital.com

CIN No. U85110RJ2007PTC023653

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Age/Gender	52 Yrs/Male	Receiving Date	04/01/2024 11:26AM	
IP/OP Location	O-OPD	Report Date	04/01/2024 12:31PM	
Referred By	Dr. EHCC Consultant	Report Status	Final	
Mobile No.	9773349797			

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Sample: Serum
PSA (TOTAL)	1.04	ng/mL	0.00 - 4.00	

Total (Free + complexed) PSA - Prostate specific antigen (tPSA)
 Method : ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-PSA determinations are employed are the monitoring of progress and efficiency of therapy in patients with prostate carcinoma or receiving hormonal therapy.

****End Of Report****

RESULT ENTERED BY : Mr. PANKAJ SHUKLA

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Sample: Fl. Plasma
BLOOD GLUCOSE (FASTING)				
BLOOD GLUCOSE (FASTING)	88.6	mg/dl	74 - 106	
Method: Hexokinase assay. Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.				

Test Name	Result	Unit	Biological Ref. Range	Sample: Serum
THYROID T3 T4 TSH				
T3	1.150	ng/mL	0.970 - 1.690	
T4	5.81	ug/dl	5.53 - 11.00	
TSH	2.40	μIU/mL	0.40 - 4.05	

T3:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

T4:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T4 assay employs a competitive test principle with an antibody specifically directed against T4.

TSH - THYROID STIMULATING HORMONE :- ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH levels.

Test Name	Result	Unit	Biological Ref. Range	Sample: Serum
LFT (LIVER FUNCTION TEST)				
BILIRUBIN TOTAL	0.62	mg/dl	0.00 - 1.20	
BILIRUBIN INDIRECT	0.50	mg/dl	0.20 - 1.00	
BILIRUBIN DIRECT	0.12	mg/dl	0.00 - 0.40	
SGOT	24.4	U/L	0.0 - 40.0	
SGPT	21.1	U/L	0.0 - 40.0	

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BIOCHEMISTRY

TOTAL PROTEIN	7.9	g/dl	6.6 - 8.7
ALBUMIN	5.0	g/dl	3.5 - 5.2
GLOBULIN	2.9		1.8 - 3.6
ALKALINE PHOSPHATASE	93.1	U/L	41 - 137
A/G RATIO	1.7	Ratio	1.5 - 2.5
GGTP	12.5	U/L	10.0 - 55.0

BILIRUBIN TOTAL :- Method: DPD assay. Interpretation:-Total Bilirubin measurements are used in the diagnosis and treatment of various liver diseases, and of haemolytic and metabolic disorders in adults and newborns. Both obstruction damage to hepatocellular structure.

BILIRUBIN DIRECT :- Method: Diazo method Interpretation:-Determinations of direct bilirubin measure mainly conjugated, water soluble bilirubin.

SGOT - AST :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGOT (AST) measurements are used in the diagnosis and treatment of certain types of liver and heart disease.

SGPT - ALT :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGPT (ALT) Ratio Is Used For Differential Diagnosis In Liver Diseases.

TOTAL PROTEINS :- Method: Biuret colorimetric assay. Interpretation:-Total protein measurements are used in the diagnosis and treatment of a variety of liver and kidney diseases and bone marrow as well as metabolic and nutritional disorder.

ALBUMIN :- Method: Colorimetric (BCP) assay. Interpretation:-For Diagnosis and monitoring of liver diseases, e.g. liver cirrhosis, nutritional status.

ALKALINE PHOSPHATASE :- Method: Colorimetric assay according to IFCC. Interpretation:-Elevated serum ALT is found in hepatitis, cirrhosis, obstructive jaundice, carcinoma of the liver, and chronic alcohol abuse. ALT is only slightly elevated in patients who have an uncomplicated myocardial infarction.

GGTP-GAMMA GLUTAMYL TRANSPEPTIDASE :- Method: Enzymatic colorimetric assay. Interpretation:- γ -glutamyltransferase is used in the diagnosis and monitoring of hepatobiliary disease. Enzymatic activity of GGT is often the only parameter with increased values when testing for such diseases and is one of the most sensitive indicator known.

LIPID PROFILE

TOTAL CHOLESTEROL	200		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	59.7		High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	106.4		Optimal :- <100 mg/dl Near or Above Optimal :- 100-129 mg/dl Borderline :- 130-159 mg/dl High :- 160-189 mg/dl Very High :- >190 mg/dl
CHOLESTERO VLDL	14	mg/dl	10 - 50

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BIOCHEMISTRY

TRIGLYCERIDES 68.7 Normal :- <150 mg/dl
Border Line:- 150 - 199 mg/dl
High :- 200 - 499 mg/dl
Very high :- > 500 mg/dl

CHOLESTEROL/HDL RATIO 3.4 %

CHOLESTEROL TOTAL :- Method: CHOD-PAP enzymatic colorimetric assay.
interpretation:-The determination of the individual total cholesterol (TC) level is used for screening purposes while for a better risk assessment it is necessary to measure additionally lipid & lipoprotein metabolic disorders.

HDL CHOLESTEROL :- Method:-Homogenous enzymatic colorimetric method.

interpretation:-HDL-cholesterol has a protective against coronary heart disease, while reduced HDL-cholesterol concentrations, particularly in conjunction with elevated triglycerides, increase the cardiovascular disease.

LDL CHOLESTEROL :- Method: Homogenous enzymatic colorimetric assay.

Interpretation:-LDL play a key role in causing and influencing the progression of atherosclerosis and in particular coronary sclerosis. The LDL are derived form VLDL rich in TG by the action of various lipolytic enzymes and are synthesized in the liver.

CHOLESTEROL VLDL :- Method: VLDL Calculative

TRIGLYCERIDES :- Method: GPO-PAP enzymatic colorimetric assay.

Interpretation:-High triglycerde levels also occur in various diseases of liver, kidneys and pancreas. DM, nephrosis, liver obstruction.

CHOLESTEROL/HDL RATIO :- Method: Cholesterol/HDL Ratio Calculative

Sample: Serum

UREA	24.70	mg/dl	16.60 - 48.50
BUN	11.5	mg/dl	6 - 20
CREATININE	0.86	mg/dl	0.60 - 1.10
SODIUM	138.3	mmol/L	136 - 145
POTASSIUM	4.53	mmol/L	3.50 - 5.50
CHLORIDE	100.4	mmol/L	98 - 107
URIC ACID	2.3 L	mg/dl	3.5 - 7.2
CALCIUM	9.52	mg/dl	8.60 - 10.30

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CREATININE - SERUM :- Method:-Jaffe method, Interpretation:-To differentiate acute and chronic kidney disease.

URIC ACID :- Method: Enzymatic colorimetric assay. Interpretation:- Elevated blood concentrations of uric acid are renal diseases with decreased excretion of waste products, starvation, drug abuse and increased alcohol consume.

SODIUM:- Method: ISE electrode. Interpretation:-Decrease: Prolonged vomiting or diarrhea, diminished reabsorption in the kidney and excessive fluid retention. Increase: excessive fluid loss, high salt intake and kidney reabsorption.

POTASSIUM :- Method: ISE electrode. Interpretation:-Low level: Intake excessive loss from body due to diarrhea, vomiting renal failure, High level: Dehydration, shock severe burns, DKA, renal failure.

CHLORIDE - SERUM :- Method: ISE electrode. Interpretation:-Decrease: reduced dietary intake, prolonged vomiting and reduced renal reabsorption as well as forms of acidosis and alkalosis. Increase: dehydration, kidney failure, some form of acidosis, high dietary or parenteral chloride intake, and salicylate poisoning.

UREA:- Method: Urease/GLDH kinetic assay. Interpretation:-Elevations in blood urea nitrogen concentration are seen in inadequate renal perfusion, shock, diminished blood volume, chronic nephritis, nephrosclerosis, tubular necrosis, glomerular nephritis and UTI.

CALCIUM TOTAL :- Method: O-Cresolphthaleine complexone. Interpretation:-Increase in serum PTH or vit-D are usually associated with hypercalcemia. Increased serum calcium levels may also be observed in multiple myeloma and other neoplastic diseases. Hypocalcemia may be observed in hypoparathyroidism, nephrosis, and pancreatitis.

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BLOOD BANK INVESTIGATION

Test Name	Result	Unit	Biological Ref. Range
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BLOOD GROUPING	"B" Rh Positive		
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Note :

1. Both forward and reverse grouping performed.
2. Test conducted on EDTA whole blood.

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HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
CBC (COMPLETE BLOOD COUNT)			
Sample: WHOLE BLOOD EDTA			
HAEMOGLOBIN	13.5	g/dl	13.0 - 17.0
PACKED CELL VOLUME(PCV)	41.5	%	40.0 - 50.0
MCV	90.2	fl	82 - 92
MCH	29.3	pg	27 - 32
MCHC	32.5	g/dl	32 - 36
RBC COUNT	4.60	millions/cu.mm	4.50 - 5.50
TLC (TOTAL WBC COUNT)	4.01	10 ³ /uL	4 - 10
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	57.1	%	40 - 80
LYMPHOCYTE	29.9	%	20 - 40
EOSINOPHILS	5.0	%	1 - 6
MONOCYTES	7.5	%	2 - 10
BASOPHIL	0.5 L	%	1 - 2
PLATELET COUNT	2.22	lakh/cumm	1.500 - 4.500

HAEMOGLOBIN :- Method:-SLS HemoglobinMethodology by Cell Counter.Interpretation:-Low-Anemia, High-Polycythemia.
 MCV :- Method:- Calculation bysystemex.
 MCH :- Method:- Calculation bysystemex.
 MCHC :- Method:- Calculation bysystemex.
 RBC COUNT :- Method:-Hydrodynamicfocusing.Interpretation:-Low-Anemia,High-Polycythemia.
 TLC (TOTAL WBC COUNT) :- Method:-Optical Detectorblock based on Flowcytometry.Interpretation:-High-Leucocytosis, Low-Leucopenia.
 NEUTROPHILS :- Method: Optical detectorblock based on Flowcytometry
 LYMPHOCYTES :- Method: Optical detectorblock based on Flowcytometry
 EOSINOPHILS :- Method: Optical detectorblock based on Flowcytometry
 MONOCYTES :- Method: Optical detectorblock based on Flowcytometry
 BASOPHIL :- Method: Optical detectorblock based on Flowcytometry
 PLATELET COUNT :- Method:-Hydrodynamicfocusing method.Interpretation:-Low-Thrombocytopenia, High-Thrombocytosis.
 HCT: Method:- Pulse Height Detection. Interpretation:-Low-Anemia, High-Polycythemia.
 NOTE: CH- CRITICAL HIGH, CL: CRITICAL LOW, L: LOW, H: HIGH

ESR (ERYTHROCYTE SEDIMENTATION RATE) 05 mm/1st hr 0 - 15

RESULT ENTERED BY : SUNIL EHS

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Method:-Modified Westergrens.

Interpretation:-Increased in infections, sepsis, and malignancy.

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X Ray

Test Name	Result	Unit	Biological Ref. Range
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X-RAY CHEST P. A. VIEW

Both lung fields are clear.

Both CP angles are clear.

Both hemi-diaphragms are normal in shape and outlines.

Cardiac shadow is within normal limits.

Visualized bony thorax is unremarkable.

Correlate clinically & with other related investigations.

****End Of Report****

RESULT ENTERED BY : SUNIL EHS

Dr. RENU JADIYA
MBBS, DNB
RADIOLOGIST

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ETERNAL HOSPITAL Sanganer



DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40009074 (255)	RISNo./Status :	4019296/
Patient Name :	Mr. VIKAS JAIN	Age/Gender :	52 Y/M
Referred By :	EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	04/01/2024 9:54AM/ OPSCR23-24/10543	Scan Date :	
Report Date :	04/01/2024 11:10AM	Company Name:	Mediwheel - Arcofemi Health Care Ltd.

USG REPORT - ABDOMEN AND PELVIS

LIVER:

Is normal in size and shows diffuse increased echotexture.

No obvious focal lesion seen. No intra hepatic biliary radical dilatation seen.

GALL BLADDER:

Adequately distended with no obvious wall thickening/pericholecystic fat stranding/fluid. No obvious calculus/polyp/mass seen within.

PANCREAS:

Appears normal in size and shows uniform echo texture. The pancreatic duct is normal. No calcifications are seen.

SPLEEN:

Appears normal in size and it shows uniform echo texture.

RIGHT KIDNEY:

The shape, size and contour of the right kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

LEFT KIDNEY:

The shape, size and contour of the left kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

URINARY BLADDER:

Is normal in contour. No intraluminal echoes are seen. No calculus or diverticulum is seen.

PROSTATE:

Is normal in size and echotexture.

No focal fluid collections seen.

IMPRESSION:

Grade-I fatty liver.

DR. RENU JADIYA

Consultant – Radiology

MBBS, DNB

(A Unit of Eternal Care Foundation)

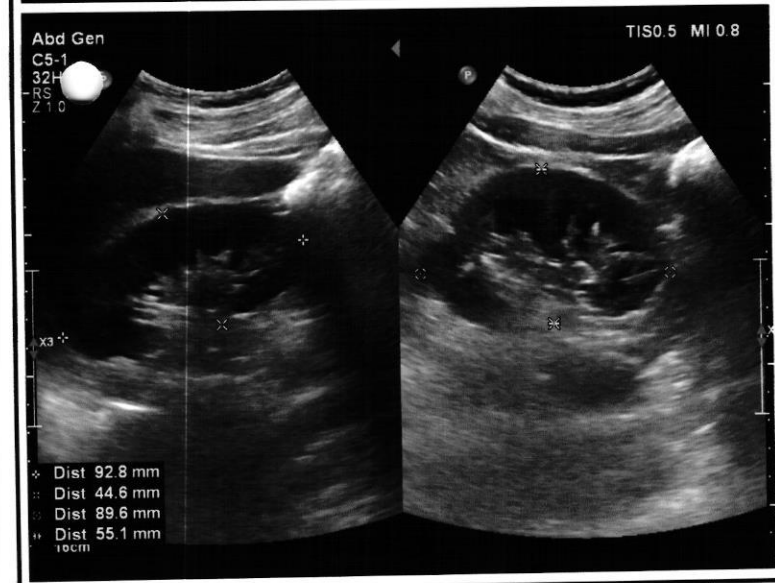
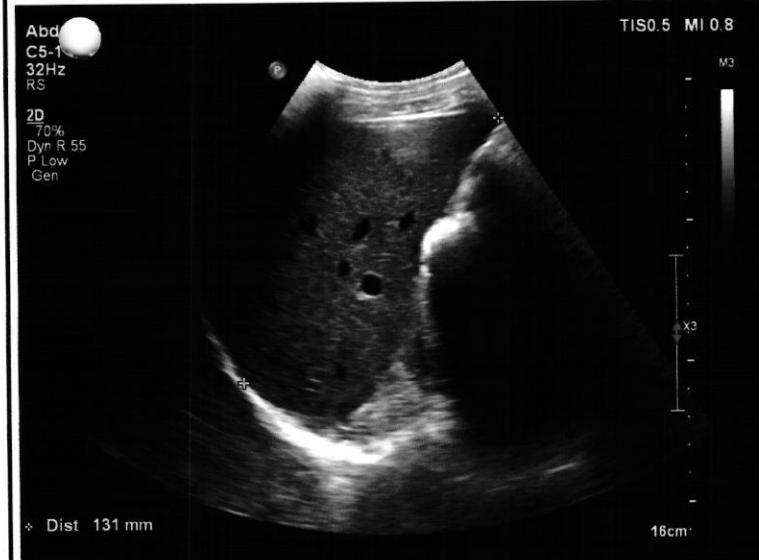
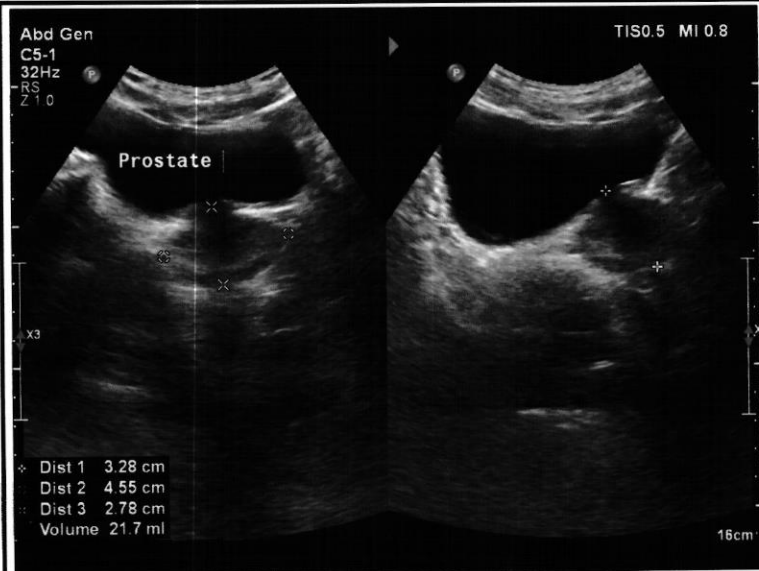
Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)

Phone:- 0141-3120000

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Images





ETERNAL HOSPITAL Sanganer



DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40009074 (255)	RISNo./Status :	4019296/
Patient Name :	Mr. VIKAS JAIN	Age/Gender :	52 Y/M
Referred By :	EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	04/01/2024 9:54AM/ OPSCR23-24/10543	Scan Date :	
Report Date :	04/01/2024 12:44PM	Company Name:	Final

REFERRAL REASON: HEALTH CHECKUP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

		Normal		Normal
IVSD	10.6	6-12mm	LVIDS	28.9
LVIDD	44.3	32-57mm	LVPWS	15.9
LVPWD	11.1	6-12mm	AO	35.6
IVSS	14.9	mm	LA	29.9
LVEF	62-64	>55%	RA	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
		E	A	e'	E/e'		
MITRAL VALVE	NORMAL	E	0.55	e'	0.06	-	NIL
		A	0.67	E/e'	9.1		
TRICUSPID VALVE	NORMAL	E	0.47		-	NIL	
		A	0.56				
AORTIC VALVE	NORMAL	1.04				-	NIL
PULMONARY VALVE	NORMAL	0.75				-	NIL

COMMENTS & CONCLUSION: -

- ALL CARDIAC CHAMBERS ARE NORMAL
- NO RWMA, LVEF 62-64%
- NORMAL LV SYSTOLIC FUNCTION
- NORMAL LV DIASTOLIC FUNCTION
- ALL CARDIAC VALVES ARE NORMAL
- NO EVIDENCE OF CLOT/VEGETATION/PE
- INTACT IVS/IAS

IMPRESSION: - NORMAL BI VENTRICULAR FUNCTIONS

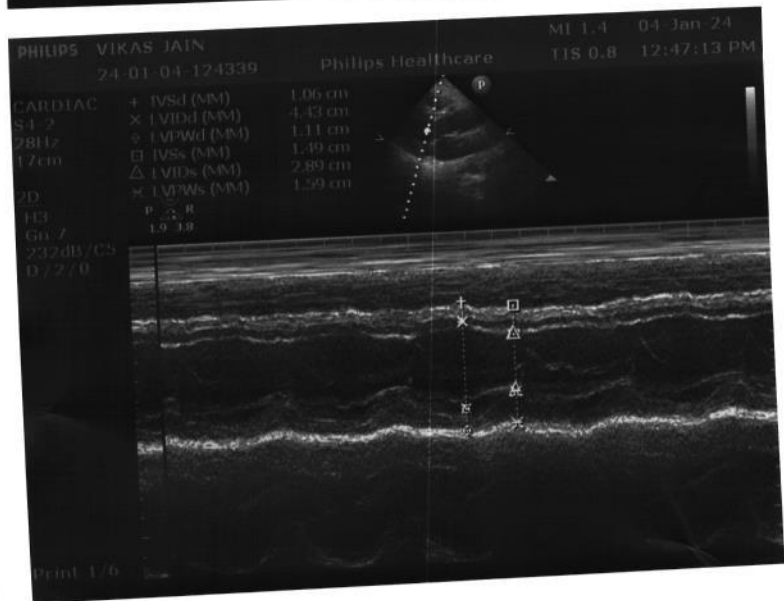
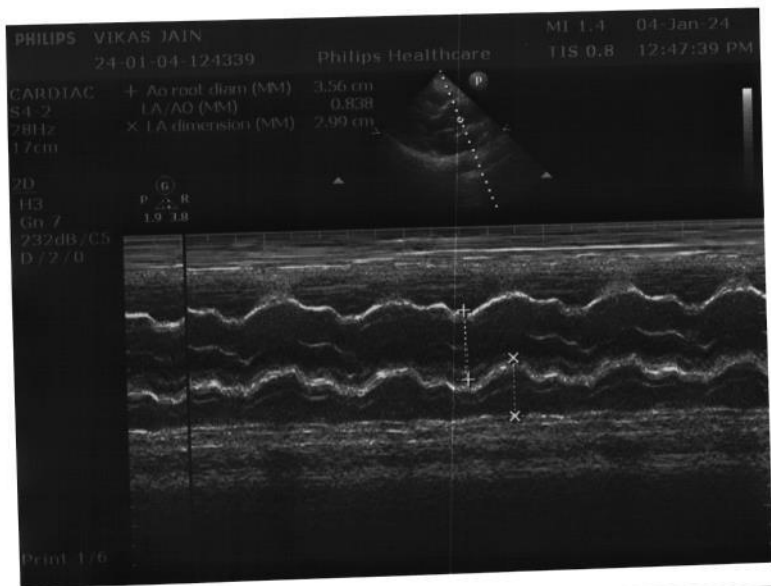
DR SUPRIY JAIN
MBBS, M.D., D.M. (CARDIOLOGY)
INCHARGE & SR. CONSULTANT
INTERVENTIONAL CARDIOLOGY

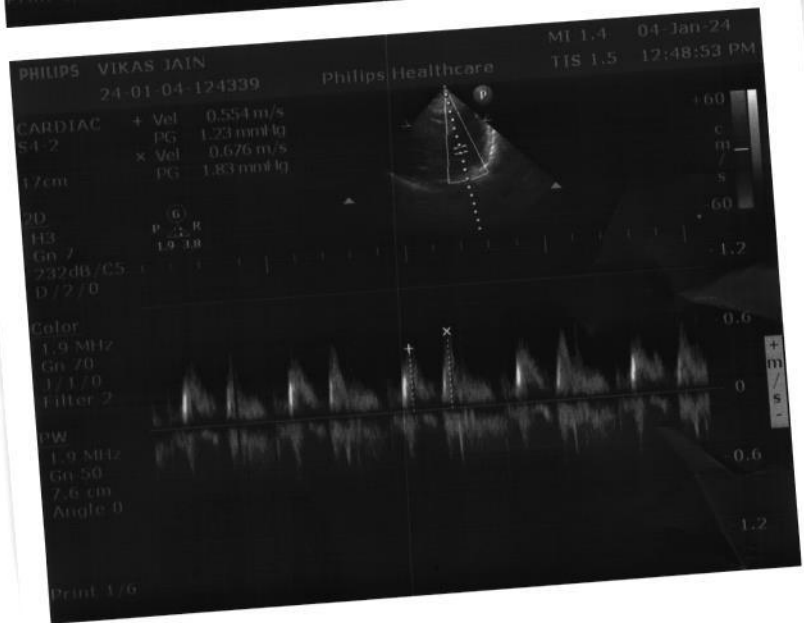
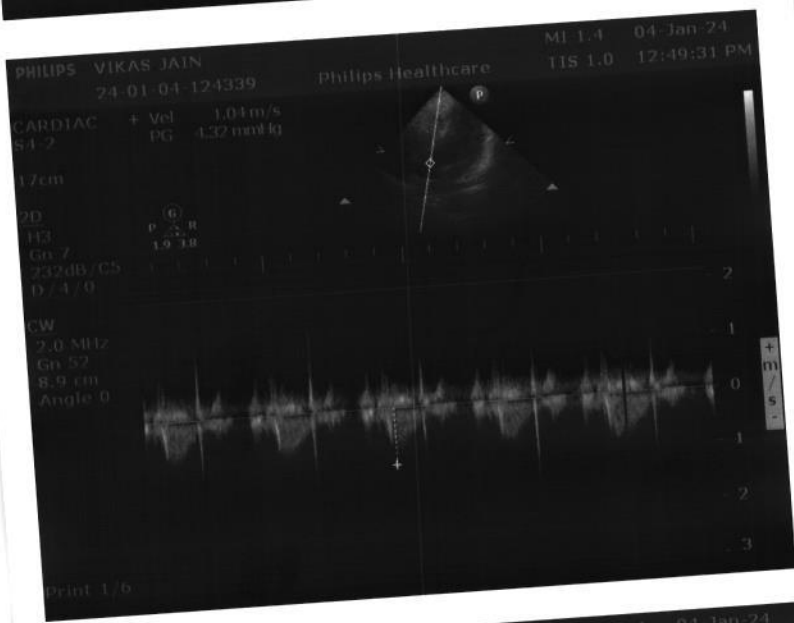
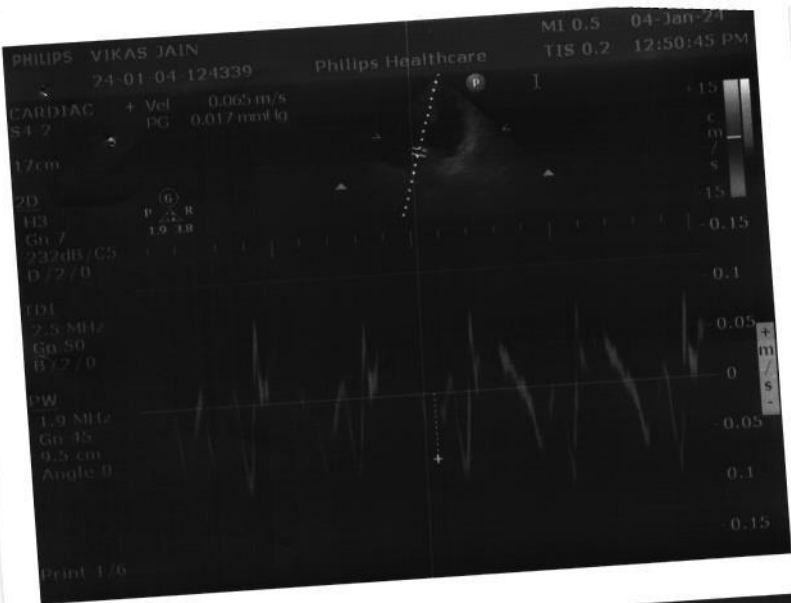
DR ROOPAM SHARMA
MBBS, PGDCC, FIAE
CONSULTANT & INCHARGE
EMERGENCY, PREVENTIVE CARDIOLOGY
AND WELLNESS CENTRE

(A Unit of Eternal Care Foundation)
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Rate 76 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation

FR 145 . Sinus rhythm
QRS 84 . ST elev, probable normal early repol pattern

QT 347

QTc 391

--AXIS--

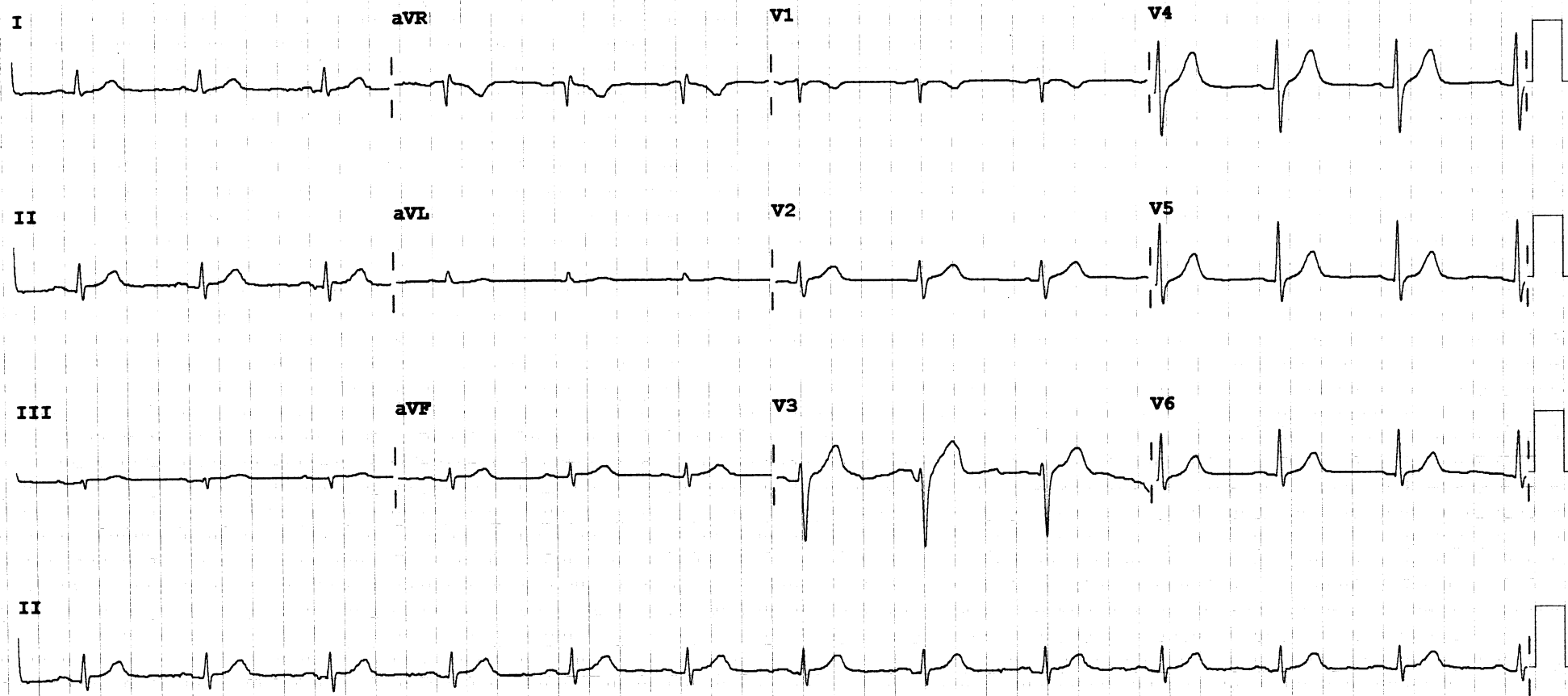
P 32

QRS 28

T 50

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.50- 40 Hz W

FH100B CL

P?



ETERNAL HOSPITAL SANGANER
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Phone : +91-9116779911,0141-2774000

E-mail : corporate.marketing@eternalheart.org Website: www.eternalhospital.com

GST :08AAATE9596K1ZZ HSN/SAC : 999311

Credit Bill

Reg No : 40009074 Bill No : OPSCR23-24/10543
Patient Name : Mr. VIKAS JAIN Bill Date Time : 04/01/2024 9:54AM
Gender/Age : Male/52 Yr 4 Mth 23 Days Payer : Mediwheel - Arcofemi Health Care Ltd.
Contact No : 9413688800 Sponsor : Mediwheel - Arcofemi Health Care Ltd.
Address : 28- KRISHNA COLONY ALWAR , ALWAR, RAJASTHAN, INDIA Presc. Doctor : Dr. EHS CONSULTANT
Referred By :
Approval No : 23M51801100081758S

SNo	Particulars	Rate	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
PHC PACKAGES								
	MediWheel Full Body Health Checkup Male Above 40	2800.00	1.00	2800.00	0.00	2800.00	0.00	2800.00
Details Of Package								
GARDIOLOGY								
2	ECG							
3	EMT OR ECHO							
CONSULTATION CHARGES								
4	CONSULTATION - DENTAL (Dr. VAIBHAV NEPALIA AND TEAM)							
5	CONSULTATION - INTERNAL MEDICINE (Dr. EHS CONSULTANT)							
6	CONSULTATION - OPHTHALMOLOGY (Dr. EHS OPHTHAL CONSULT)							
PATHOLOGY								
7	BLOOD GLUCOSE (FASTING)							
8	BLOOD GLUCOSE (PP)							
9	BLOOD GROUPING AND RH TYPE							
10	CBC (COMPLETE BLOOD COUNT)							
11	ESR (ERYTHROCYTE SEDIMENTATION RATE)							
12	HbA1c (HAEMOGLOBIN GLYCOSYLATED BLOOD)							
13	LFT (LIVER FUNCTION TEST)							
14	LIPID PROFILE							
15	PSA (TOTAL)							
16	RENAL PROFILE TEST							
17	ROUTINE EXAMINATION - URINE							
18	STOOL ROUTINE							
19	THYROID T3 T4 TSH							
20	URINE SUGAR (POST PRANDIAL)							



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SNo	Particulars	Rate	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
21	URINE SUGAR (RANDOM) RADIOLOGY							
22	ULTRASOUND WHOLE ABDOMEN							
23	X RAY CHEST PA VIEW							

Gross Amount	2800.00
Net Amount	2800.00
Payer Amount	2800.00
Patient Amount	0.00
Amt Received (Rs.)	0.00
Balance Amount	2800.00

Payment Mode

Narration :

To View Investigation Result Login to
<http://patientportal.eternalsanganer.com/>
UserName:40009074
Password : Registered Mobile Number

