

DATE 12-9-2024

TYPE OF CASE: FRESH / REQUIREMENT / RENEWAL

BRANCH NO. / DO: 11F.

DATA SHEET

(TO BE SUBMITTED BY AGENT ALONG WITH THE PROPOSAL FORM IF SERVICES OF TPA ARE REQUIRED)

NAME OF THE LIFE PROPOSED Ms. Gurbani Oberoi

POLICY NO. / PROPOSAL NO. 144987202

AGE OF LIFE PROPOSED 48 DATE OF BIRTH 24-9-1976 SEX F

SUM UNDER CONSIDERATION (SUC) RS. 1,20,97,258

TELEPHONE NO. / MOBILE NO. 9810161667

E-MAIL ID _____

SPECIAL REPORTS REQUIRED

- 1. FMR
- 2. ECG TRACING & REPORT
- 3. FBS
- 4. HB%
- 5. LIPIDOGRAM
- 6. HAEMOGRAM
- 7. ELISA FOR HIV
- 8. SBT-13

- 9. HUA
- 10. CTMT
- 11. HB A1C
- 12. CHEST X-RAY
- 13. 2 D ECHO
- 14. UCT
- 15. VIDEO MR

16. ANY OTHER TEST(S) _____

KINDLY ARRANGE TO GET THE ABOVE PROPONENT MEDICALLY EXAMINED UNDER THE TPA SYSTEMS



SIGNATURE Randeep AGENTS

AGENCY CODE 91899-112

DO CODE 1507011

MOBILE NO. 986844435

SEAL OF THE BR



IDENTIFICATION & DECLARATION FORMAT

To,
LIC of India
Branch Office

11-F

Proposal No

144987202

Name of Life to be assured:

Surbani Oberoi

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

pan

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

ND

on the day of 2024

at

a.m./p.m.

Signature of the Pathologist/Director
(Name & Rubber stamp) Qualification:

Dr. PREEADHIMAN
M.B.B.S

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.....

Surbani Oberoi

Reports enclosed.

- 1..... FMZ
- 2..... ECG
- 3..... Finger
- 4..... SBT-13
- 5.....

1. ROA
2. CTMT
3. HbA1C





MEDICAL EXAMINER'S REPORT
Form No LIC03-001(Revised 2020)

Branch Code: 11-F
Proposal/ Policy No: 144987202
MSP name/code: 0018
Date & Time of Examination: 9/10/24
Medical Diary No & Page No: 11/20Am

Mobile No of the Proposer/Life to be assured: _____
Identity Proof verified: PAN ID Proof No. AAFP66525K
(In Case of Aadhaar Card , please mention only last four digits)

[Note: Mobile number and identity proof details to be filled in above . For Physical MER, Identity Proof is to be verified and stamped.]

For Tele/ Video MER, consent given below is to be recorded either through email or audio/video message. For Physical Examination the below consent is to be obtained before examination.

"I would like to inform that this call with/ visit to Dr. Preethi..... (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

Gurbari Oberoi
Signature/ Thumb impression of Life to be assured
(In case of Physical Examination)

1	Full name of the life to be assured: <u>Gurbari Oberoi</u>		
2	Date of Birth: <u>24/9/76</u>	Age: <u>48</u>	Gender: <u>female</u>
3	Height (In cms): <u>171</u>	Weight (in kgs) : <u>67</u>	
4	Required only in case of Physical MER		
	Pulse : <u>66</u>	Blood Pressure (2 readings): 1. Systolic <u>124</u> Diastolic <u>70</u> 2. Systolic <u>124</u> Diastolic <u>70</u>	

ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED
If answer/s to any of the following questions is Yes, please give full details and ask life to be assured to submit copies of all treatment papers, investigation reports, histopathology report, discharge card, follow up reports etc. along with the proposal form to the Corporation

5	a. Whether receiving or ever received any treatment/ medication including alternate medicine like ayurveda, homeopathy etc ? b. Undergone any surgery / hospitalized for any medical condition / disability / injury due to accident? c. Whether visited the doctor any time in the last 5 years ? If answer to any of the questions 5(a) to (c)) is yes - i. Date of surgery/accident/injury/hospitalisation ii. Nature and cause iii. Name of Medicine iv. Degree of impairment if any v. Whether unconscious due to accident, if yes, give duration	NO	
6	In the last 5 years, if advised to undergo an X-ray/ CT scan / MRI / ECG / TMT / Blood test / Sputum/Throat swab test or any other investigatory or diagnostic tests ? Please specify date , reason ,advised by whom & findings.		NO
7	Suffering or ever suffered from Novel Coronavirus (Covid-19) or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days. If yes provide all investigation and treatment reports		NO



Dr. PREETHI
Preethi
11/2024



8	<p>a. Suffering from Hypertension (high blood pressure) or diabetes or blood sugar levels higher than normal or history of sugar /albumin in urine?</p> <p>b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?</p> <p>c. Whether on medication? please give name of the prescribed medicine and dosage</p> <p>d. Whether developed any complications due to diabetes?</p> <p>e. Whether suffering from any other endocrine disorders such as thyroid disorder etc.?</p> <p>f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?</p>	No
9	<p>a. Any history of chest pain, heartattack, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from high cholesterol?</p> <p>c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.</p> <p>d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?</p>	No
10	Suffering or ever suffered from any disease related to kidney such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	No
11	Suffering or ever suffered from any Liver disorders like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any lung related or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	No
12	Suffering or ever suffered from any Blood disorder like anaemia, thalassemia or any Circulatory disorder?	No
13	Suffering or ever suffered from any form of cancer , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	No
14	Suffering or ever suffered from Epilepsy, nervous disorder , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	No
15	Suffering or ever suffered from any physical impairment / disability /amputation or any congenital disease/abnormality or disorder of back, neck, muscle, joints, bones, arthritis or gout?	No
16	Suffering or ever suffered from Hernia or disorder of the Stomach / intestines, colitis, indigestion, Peptic ulcer, piles, or any other disease of the gall bladder or pancreas?	No
17	<p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / psychiatric disorder?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	No No
18	Is there any abnormality of Eyes (partial/total blindness), Ears (deafness/ discharge from the ears), Nose, Throat or Mouth, teeth, swelling of gums / tongue, tobacco stains or signs of oral cancer?	No
19	Whether person being examined and/ or his/her spouse/partner tested positive or is/ are under treatment for HIV /AIDS Sexually transmitted diseases (e.g. syphilis, gonorrhoea, etc.)	No
20	Ascertain if any other condition/ disease / adverse habit (such as smoking/ tobacco chewing/ consumption of alcohol/drugs etc) which is relevant in assessment of medical risk of examinee.	No



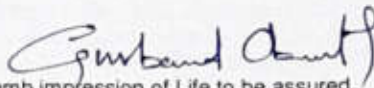
Dr. PREETI CHIMAN
Preeti
M.B.B.S

For Female Proponents only		NO
i.	Whether pregnant? If so duration.	NO
ii	Suffering from any pregnancy related complications	NP
iii	Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaec ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same	No

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	YES
---	-----

Declaration

You Mr/Ms Gurbani obeer declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. We thank you for having taken the time to confirm the details. The information provided will be passed on to Life Insurance Corporation of India for further processing.


Signature/ Thumb impression of Life to be assured
(In case of Physical Examination)

I hereby certify that I have assessed/ examined the above life to be assured on the ___ day of ___ 20___ vide Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the aforesaid questions as ascertained from the life to be assured.

Place:
Date:
Stamp:

ND
9/10/24

Dr. Praveen HIMAN
Signature of Medical Examiner
Name & Code No:



LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division _____ Branch _____

Proposal No. _____

Agent/D.O. Code: _____

Full Name of Life to be assured: Gurbani Oberoi

Age/Sex : 48/F

ELECTROCARDIOGRAM

ANNEXURE- 1

LIC03-002

Instructions to the Cardiologist:

- i. Please satisfy yourself about the identity of the examiners to guard against impersonation
- ii. The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings.
- iii. The base line must be steady. The tracing must be pasted on a folder.
- iv. Rest ECG should be 12 leads along with Standardization slip, each lead with minimum of 3 complexes, long lead II. If L-III and AVF shows deep Q or T wave change, they should be recorded additionally in deep inspiration. If V1 shows a tall R-Wave, additional lead V4R be recorded.

DECLARATION

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated _____ given by me to LIC of India.

Witness

Gurbani Oberoi
Signature or Thumb Impression of L.A.

Note : Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

- i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- iii. Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N

If the answer/s to any/all above questions is -Yes, submit all relevant papers with this form.

Dated at 13 on the day of 9/19/2024

Gurbani Oberoi
Signature of L.A.

Signature of the Cardiologist

D. RAJ KUMAR
Name, Address

Qualification

Code No.

Clinical findings
(A)



Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
171	67	124/70	66

(B) Cardiovascular System

NAD

Rest ECG Report:

Position	Supine	P Wave	✓
Standardisation Imv	1010	PR Interval	✓
Mechanism	✓	QRS Complexes	✓
Voltage	✓	Q-T Duration	✓
Electrical Axis	✓	S-T Segment	✓
Auricular Rate	60-100	T-wave	✓
Ventricular Rate	60-100	Q-Wave	✓
Rhythm	Sinus		
Additional findings, if any.	No		

Conclusion:

WNL

Dated at

on the day of 9/10/20 24

Signature of the Cardiologist

Name & Address

Qualification

Code No.



SHRI DURGA HEALTH CARE



Ms GURBANI OBEROI
 ID : 62
 AGE/SEX : 48 Yr / F
 HT/WT : /
 DATE : 09-10-2024 11:55:59 AM
 REF BY : Dr
 MACHINE INTERPRETATION : Normal ECG.

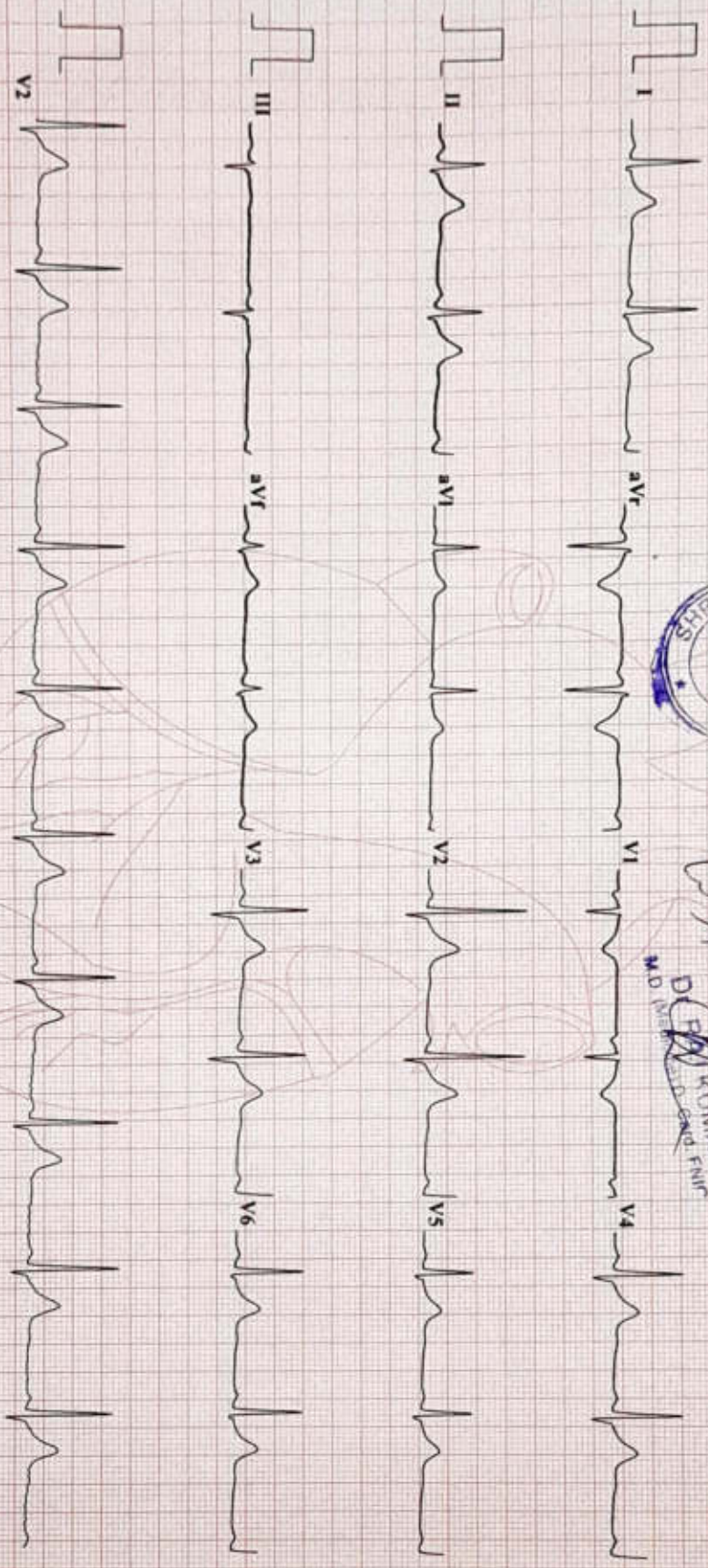
RATE : 63 bpm
 BP : N/A
 P Axis : 60 deg
 QRS Axis : 16 deg
 T Axis : 39 deg
 P Duration : 119 ms
 PR Duration : 142 ms
 QRS Duration : 92 ms
 QT Interval : 366 ms
 QTc Interval : 374 ms

Linked Median

Speed : 25 mm/s
 Sensitivity : 10 mm/mV



DR. **SHRI KUNAR**
 MD (MBBS) D. Card. F.NIR



Filtered(35 Cycle) And Base Corrected

(IN) 24K India Tel: +91-71-4020015, 7Kw, +91-71-4031190 E-Mail: info@shridurgahc.com, Web: www.shri-dh.com, ECG Ver 14.01

Dr.



Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	GURBANI OBEROI	Sex:	FEMALE
Lab. No:	202401001	Age:	48
Date:	9/10/2024	Ref. By	LIC

Haemogram

TEST NAME		UNIT	NORMAL VALUE
Hemoglobin (HB)	13.4	mg/dl	13.2 - 16.2 (M) 12.0 - 15.2 (F)
Total Leukocyte Count	6,500	cells/cmm	4,000-11,000
Differential Leukocyte Count*			
Neutrophils	68	%	45 - 75
Lymphocyte	24	%	20 - 35
Eosinophil	05	%	01 - 06
Monocyte	03	%	02 - 10
Basophile	00	%	00 - 01
Band Form	00	%	-----
RBC	4.46	million/cmm	3.5 - 5.5
PCV	40.2	%	36 - 52
MCV	90	fl	78 - 98
MCH	30	pg	27 - 32
MCHC	33	%	32 - 38
E S R (Wintrob's method)	10	mm/hr	0 - 15
PLATELETS COUNT	1.99	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 Valid For Medico-legal Purposes

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



Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	GURBANI OBEROI	Sex:	FEMALE
Lab. No:	202401001	Age:	48
Date:	9/10/2024	Ref. By	LIC

Test Name	SBT13	Unit	Normal Value
FBS	102	mg/dl	70 - 110
Total Cholesterol	152	mg/dl	120 - 220
High Density Lipid (HDL)	42	mg/dl	35-70
Low Density Lipid (LDL)	89	mg/dl	50 - 150
S. Triglycerides	105	mg/dl	25 - 160
S. Creatinine	0.7	mg/dl	0.7 - 1.4
Blood Urea Nitrogen (BUN)	15	mg/dl	6.0 - 21
S. Protien	6.9	g/dl	6.4 - 8.2
Albumin	3.6	g/dl	3.4 - 5.0
Globulin	3.3	g/dl	2.3 - 3.3
A:G Ratio	1.0	g/dl	
S. Bilirubin	0.6	mg/dl	0.1 - 1.00
Direct	0.3	mg/dl	0.00 - 0.3
Indirect	0.3	mg/dl	0.00 - 0.7
SGOT(AST)	35	IU/L	5 - 40
SGPT(ALT)	30	IU/L	5 - 45
GGTP(GGT)	26	IU/L	11 - 50
S. Alkaline Phosphatase	108	IU/L	15 - 112
HIV 1&2 Elisa (Method)	NEGATIVE	-	NEGATIVE
HbsAg (Australia antigen)	NEGATIVE	-	NEGATIVE

DR. NEHA RANAN
MBBS, MD, (Path)



SDHC

D-63, Ground Floor, South Exn. Part-1, Near Barat Ghar, New Delhi-110049
 Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

Note Valid For Medico-legal Purposes

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



Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	GURBANI OBEROI	Sex:	FEMALE
Lab. No:	202401001	Age:	48
Date:	9/10/2024	Ref. By	LIC

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

<u>TEST NAME</u>	<u>VALUE</u>	<u>NORMAL VALUE</u>
Color	P.Yellow	P.Yellow
Quantity	15ml	
Appearance	Clear	Clear
Reaction	Acidic	Acidic
Deposits	Nil	Nil
Specific Gravity	1.025	1.010 - 1.030

CHEMICAL EXAMINATION

Albumin	Nil	Nil
Sugar	Nil	Nil

MICROSCOPIC EXAMINATION

Pus Cells	2-3	0 -5 /HPF
Epithelial Cells	2-2	0 -5 /HPF
RBCs	Nil	Nil /HPF
Crystals	Nil	Nil
Cast	Nil	Nil
Bacteria	Nil	Nil
Others	Nil	Nil



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

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

Note Valid For Medico-legal Purposes

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



Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	GURBANI OBEROI	Sex:	FEMALE
Lab. No:	202401001	Age:	48
Date:	9/10/2024	Ref. By	LIC

HAEMATOLOGY

Test Name	Method	Value Units
GLYCOSYLATED HEMOGLOBIN (HbA1c)	TURBIDOMETRY	5.5%

Reference Range:

Below 6.0 % -Normal Value
6.0 % - 7.0 % -Good Control
7.0 % - 8.0 % -Fair Control
8.0 % - 10 % -Unsatisfactory Control
Above - 10 % -Poor Control

Technology: BIDIRECTIONALLY INTERFACED FULLY AUTOMATED TURBIDOMETRY BY ROCHE

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



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

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

Note Valid For Medico-legal Purposes

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

LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division _____ Branch _____

Proposal No. _____

Agent/D.O. Code: _____

Full Name of Life to be assured: Gurbari Oberoi

Age/Sex : 48/F

COMPUTERISED TREADMILL TEST

ANNEXURE-2

LIC03-003

DECLARATION

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated _____ given by me to LIC of India.

Witness

Signature or Thumb Impression of L.A.

[Handwritten Signature]

Note: *Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.*

1. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N ✓
2. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N ✓
3. Have you ever had Chest X-Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N ✓

If the answer/s to any/all above questions -Yes-, submit all relevant papers with this form.

Dated at _____ on the day of 9/10/2024

[Handwritten Signature]
Signature of L.A.

M.D. RAJ KUMAR
Signature of the Cardiologist
Name & Address _____
Qualification _____
Code No. _____



- (a) Pre-test: Supine
Standing
Hyperventilation
- (b) Exercise: Stage I)
Stage II) 3 minutes each



(c) Recovery: Stage III
 peak exercise
 Recovery
 Recovery
 Recovery

Reporting Pattern

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP
PRETEST	SUPINE					67	124/72	83
	SITTING					65	124/80	80
	STANDING					64	124/80	79
	HYPERVENTILATION							
	WARM UP							
EXERCISE	STAGE 1	2:55	10	4.67	4.67	87	124/70	107
	STAGE 2	2:55	12	7.64	7.64	107	140/80	149
	STAGE 3	2:55	15	9.92	9.92	127	158/100	200
	PEAK EXERCISE			11.73		157	164/104	249
	RECOVERY	0:29	16	4.2	4.2	86	164/104	227
RECOVERY	RECOVERY	2:55	16	4		89	144/92	128
	RECOVERY	5:55				80	124/88	104

The protocol used - BRUCE
 Total Exercise Time - 10.18
 Maximum Blood Pressure - 164/104
 Maximum Workload - 11.73
 Maximum heart rate 152 Maximum predicted heart rate 88 %

Dr. RAJ KUMAR
 M.D. (Medicine) D. Card. F.N.C.

Reason for termination -
 Comments: Negative for RMI

Signature of the Cardiologist
 Name & Address
 Qualification Code No.

Dr. RAJ KUMAR
 M.D. (Medicine) D. Card. F.N.C.

Each stage should have 12 lead tracing with long lead II. Each lead should contain at least three complexes. On separate individual paper each stage with relevant observations be recorded.

(Signature of the L.A. to be obtained on the tracings)



SHRI DURGA HEALTH CARE

GURBANI OBEROI

ID : 85
 DATE : 09/10/2024
 AGE/SEX : 48 / F
 HT/WT : 0 / 0
 REF. BY :

TREADMILL TEST REPORT

PROTOCOL : Bruce
 HISTORY :
 INDICATION :
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS
								VI	V1	V5	
SUDINE											
STANDING					67	124 / 70	83	2.5	-1.2	1.6	
HYPERVENT					64	124 / 70	79	2.9	-0.8	1.5	
Stage 1	2:55	2:55	2.7	10	65	124 / 70	80	2.9	-0.8	1.6	
Stage 2	5:55	2:55	4	12	87	124 / 70	107	2.4	-0.8	1.4	4.67
Stage 3	8:55	2:55	5.4	14	107	140 / 88	149	1.2	-1.6	1.7	7.04
PK-EXERCISE	10:18	1:18	6.7	16	127	158 / 100	200	3.3	-1.1	1.6	9.92
RECOVERY	10:57	0:29			152	164 / 104	249	0.3	-1.2	1.1	
RECOVERY	13:23	2:55			136	164 / 104	223	-0.1	-1.8	2.3	
RECOVERY	16:23	5:55			89	144 / 92	128	3.6	-1.1	1.4	
					82	130 / 88	106	1.5	-0.3	0.4	

RESULTS

EXERCISE DURATION : 10:18
 MAX HEART RATE : 152 bpm
 MAX BLOOD PRESSURE : 164 / 104 mm Hg
 REASON OF TERMINATION :
 BP RESPONSE :
 ARRHYTHMIA :
 H.R. RESPONSE :

MAX WORK LOAD : 11.73 METS

IMPRESSIONS

*Negative for AMI
 fair old female*



DR. RAJKUMAR
 M.D. (M.B.B.S.)
 D. Card. (F.M.C.)

Technician :

CURBANTI OBEROI

I.D. 85
Age 48/F
Date 09/10/2024

RATE 67bpm
B.P. 124/70

SHRI DURGA HEALTH CARE

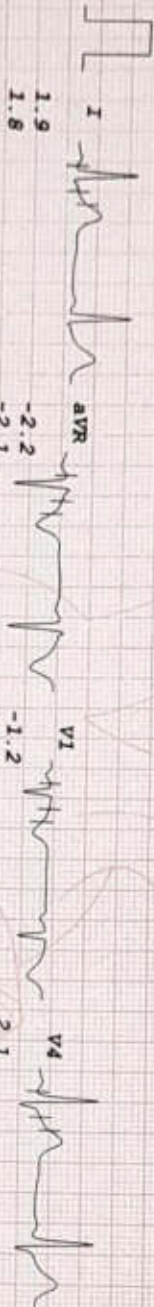
PRETEST
SUPINE

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



1.9
1.8

aVR
-2.2
-2.1

V1
-1.2
-1.3

V4
2.1
2.0



2.5
2.4

aVL
0.7
0.7

V2
2.5
2.3

V5
1.6
1.3

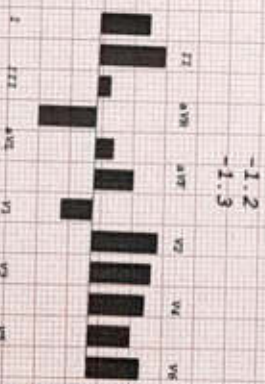


0.5
0.6

aVF
1.5
1.5

V3
2.3
1.8

V6
2.0
1.8



DR. RUPAK
MD (Medicine)

SHRI DURGA HEALTH CARE

GUREKANI GUREKNI
 I.D. 85
 Age 48/F
 Date 09/10/2024

RATE 65bpm
 B.P. 124/70

PRETEST
 HYPERVENT

ST @ 10mm/mV
 80ms PostJ

PHASE TIME 0:17

LINKED MEDIAN

Mag. X 2



DR. D. RAJANAR
 MD (MBBS)
 Card. Phys.

SHRI DURGA HEALTH CARE

GORRANI OBEROI

I.D. 85
Age 48/F
Date 09/10/2024

RATE 87bpm
B.P. 124/70

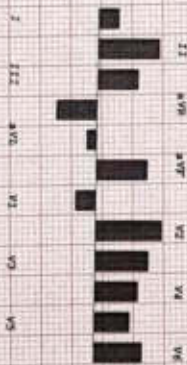
Bruce
Stage I
TOTAL TIME 2:55
PHASE TIME 2:55

ST @ 10mm/mV
80µm PostJ
Speed 2.7 km/hr
SLOPE 10 %

LINKED MEDIAN

Mag. X 2

V1



Dr. BA. KUMAR
M.D. (IN) Card. FMR



SHRI DURGA HEALTH CARE

GURRANI OBEROI
I.D. 85
Age 48/F
Date 09/10/2024

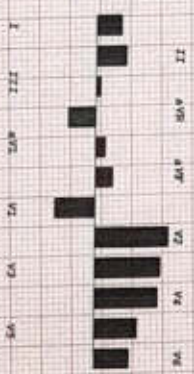
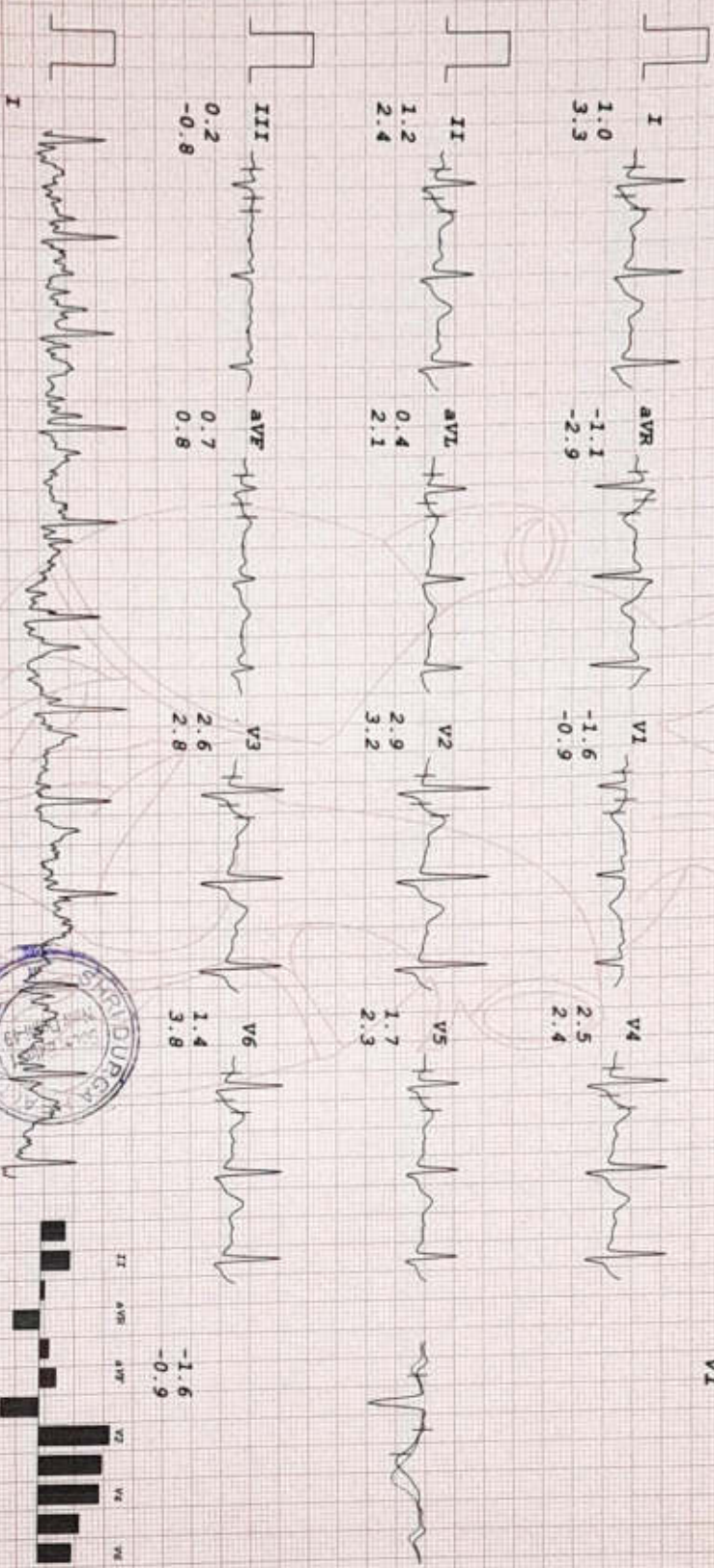
RATE 107bpm
B.P. 140/88

Bruce
Stage 2
TOTAL TIME 5:55
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ
Speed 4 km/hr
SLOPE 12 %

LINKED MEDIAN

Mag. X 2



DR. R. KUMAR
M.D. (General Medicine)
D. Card. FHR



SHRI DURGA HEALTH CARE

GURBANI OBEROI
 I.D. 85
 Age 48/F
 Date 09/10/2024

RATE 127bpm
 B.P. 158/100

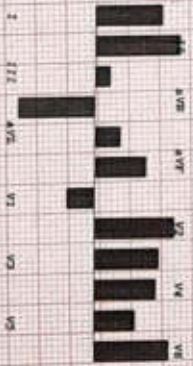
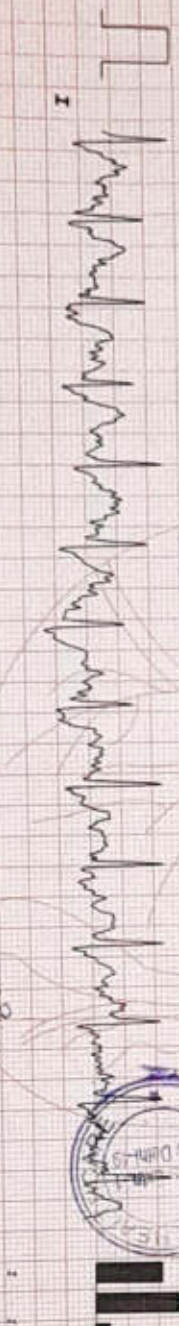
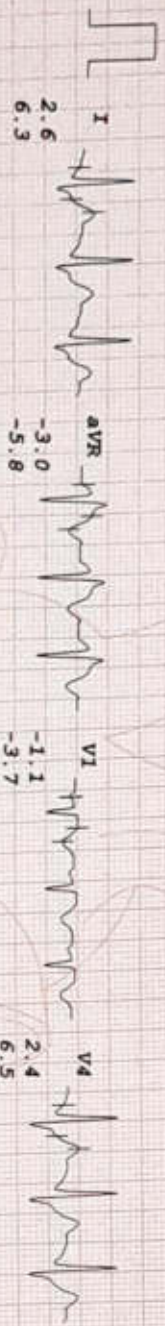
Bruce
 Stage 3
 TOTAL TIME 8:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 %

LINKED MEDIAN

Mag. X 2

V1



Dr. B. B. KUMAR
 M.D. (Internal Medicine) - Cardiol. FHM

SHRI DURGA HEALTH CARE

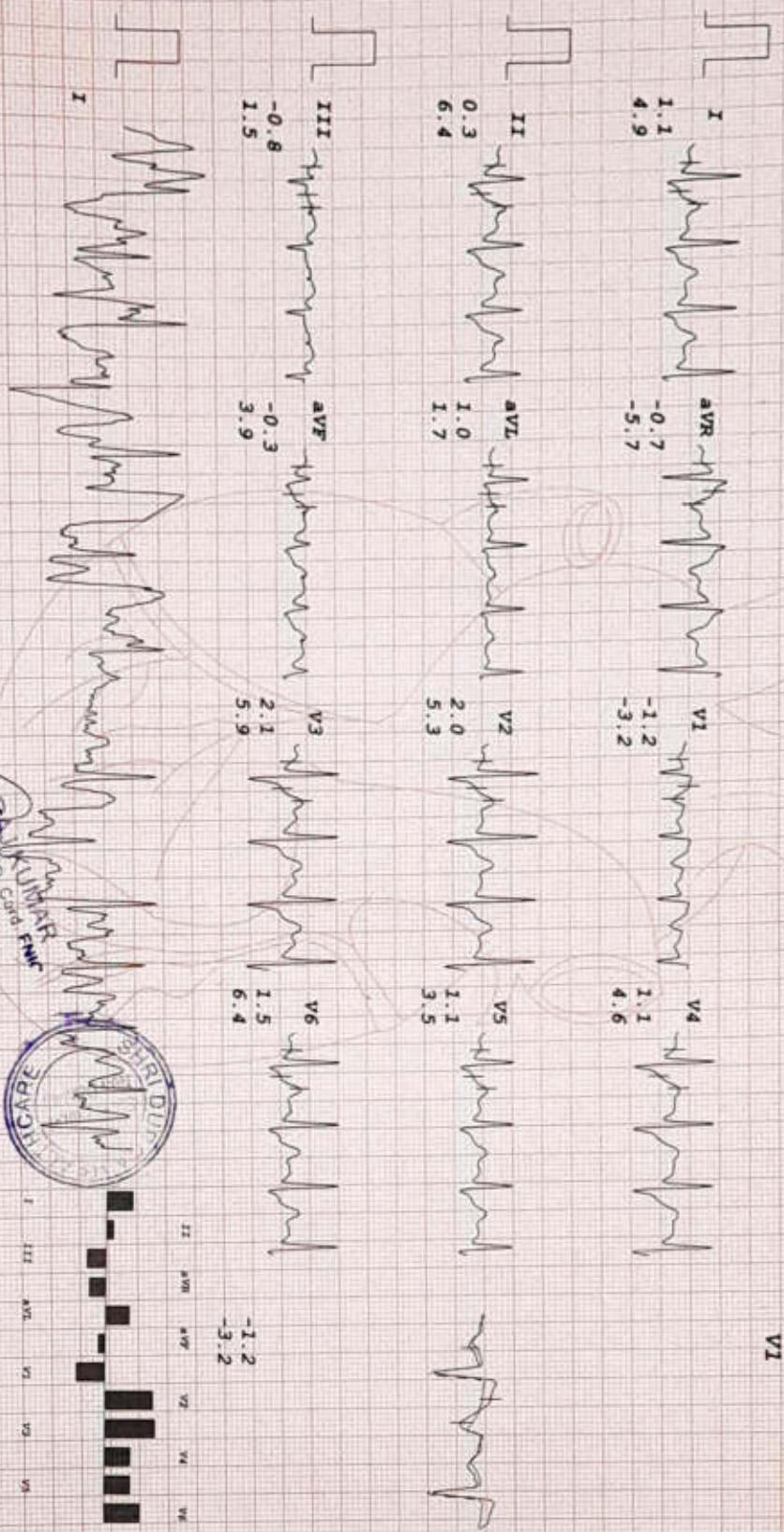
GURBANI GBEROI
 I. D. 85
 Age 48/F
 Date 09/10/2024

RATE 152bpm
 R.P. 164/104

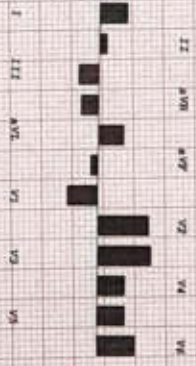
Brice
 PR-EXERCISE
 TOTAL TIME 10:18
 PHASE TIME 1:18
 ST @ 10mm/mv
 80ms PostJ
 Speed 5.7 km/hr
 SLOPE 16 %

LINKED MEDIAN

Mag. X 2



DR. B. K. KUMAR
 SHRI DURGA HEALTH CARE
 Card FMC



SHRI DURGA HEALTH CARE

GERBANI GOSWAMI
 I. N. 85
 Age 48/Y
 Date 09/10/2024

RATE 136bpm
 R.P. 164/104

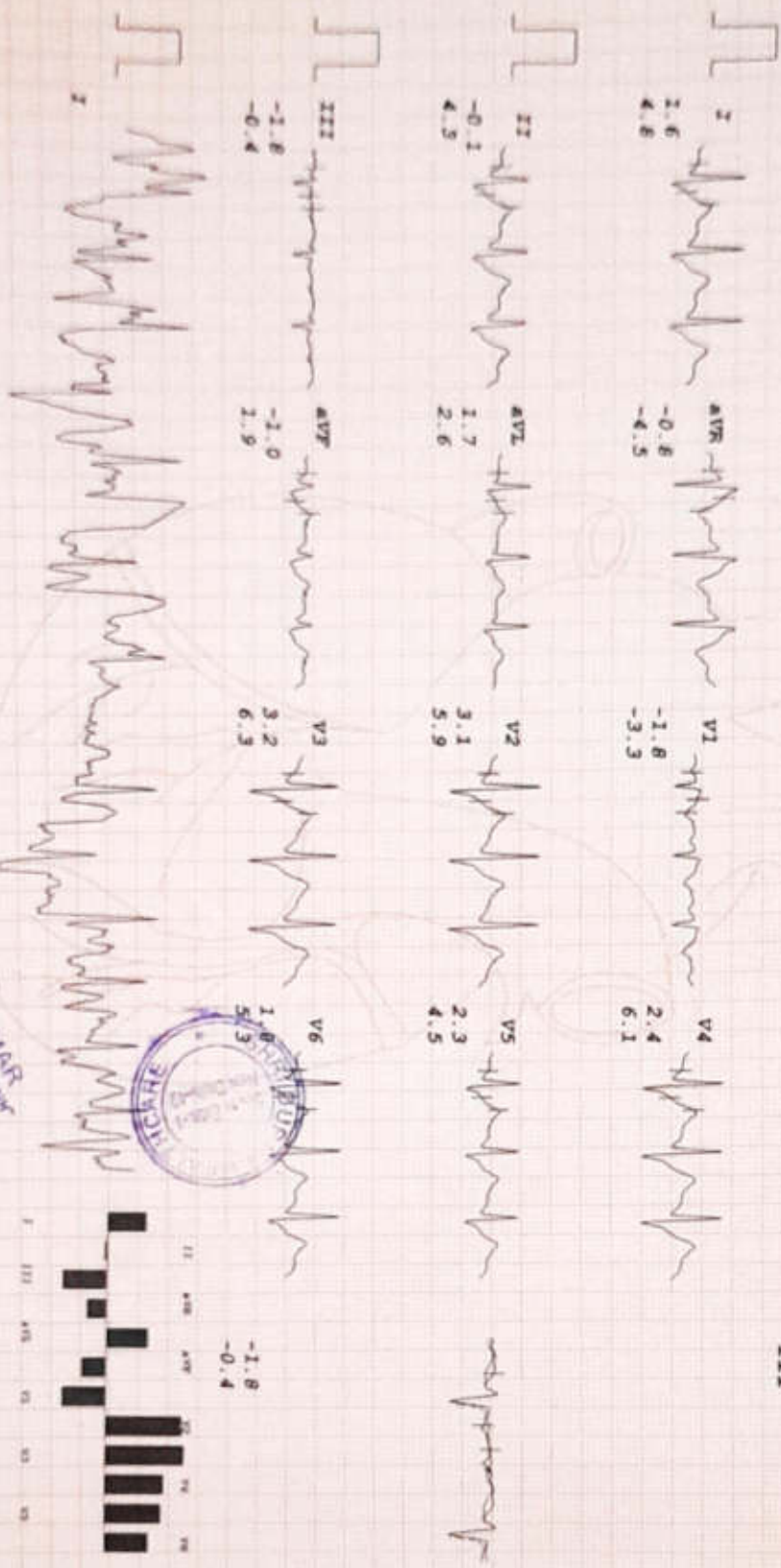
BRUCE
 RECOVERY
 TOTAL TIME 10:57
 PHASE TIME 0:29

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

III



Dr. RAJKUMAR
 MD
 Card. PHD



SHRI DURGA HEALTH CARE

GURBANI OBEROI
 I.D. 85
 Age 48/F
 Date 09/10/2024

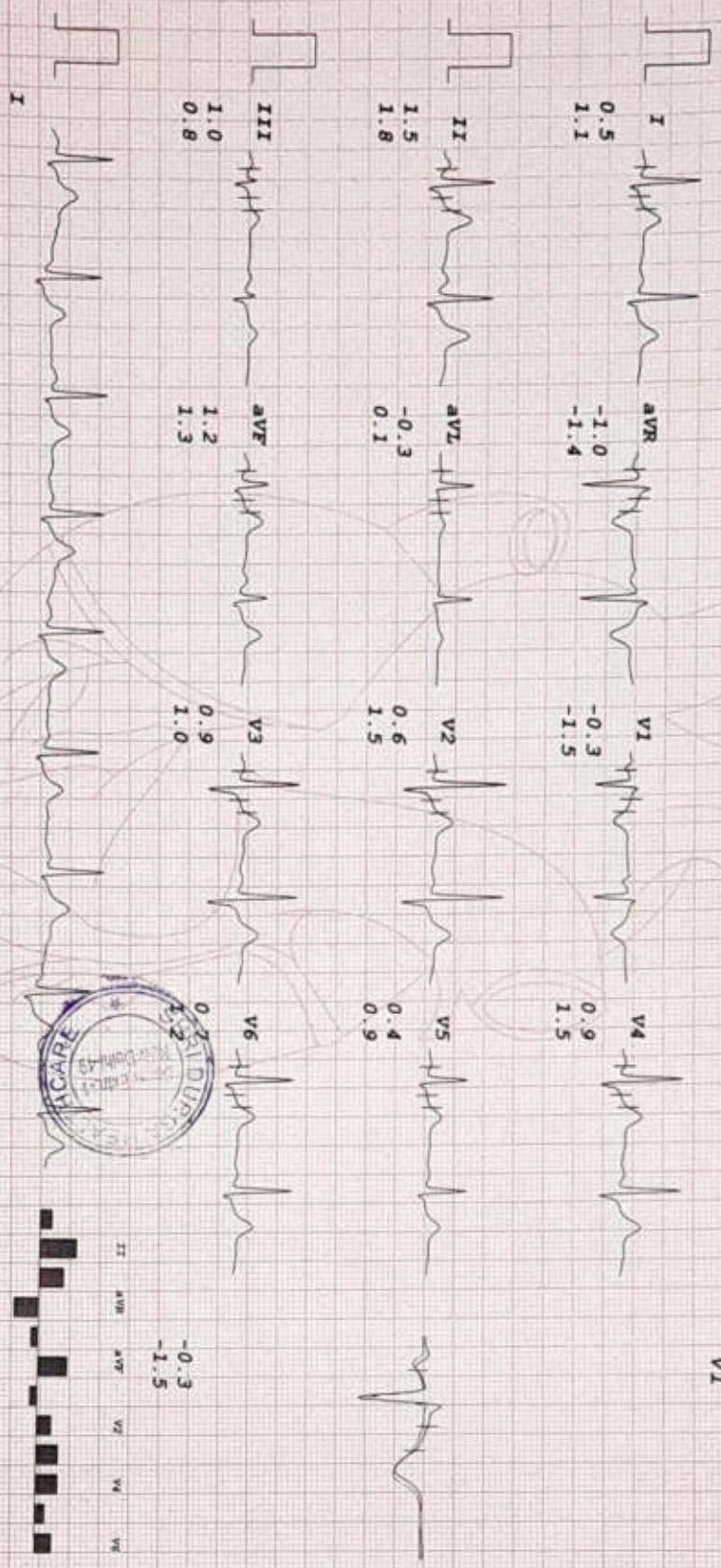
Rate 82bpm
 R.P. 130/88

Bruce
 RECOVERY
 TOTAL TIME 16:23
 PHASE TIME 5:55

ST @ 10mm/mV
 80ms Post J

LINKED MEDIAN

Mag. X 2



DR. RAJKUMAR
 M.D. (Medicine)
 Sr. Card. Phys.

sdurga HEALTHCARE
(CHAUDHARY DURGA SINGH)
HEALTHCARE PRIVATE LIMITED

DR. NARINDER
DR. SODHAI
DR. POOLJA



GPS Map Camera



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09/10/24 11:37 AM GMT +05:30

Dr. PREETI DEWAN
M.B.B.S.

