

Patient Name : Mr. DHIRENDRA KUMAR SINGH Age/Gender : 37 Y/M

**UHID/MR No.** : CANN.0000233449 **OP Visit No** : CANNOPV393123

Sample Collected on: 24-02-2024 15:28

**Ref Doctor** : SELF **Emp/Auth/TPA ID** : UBOIE3704

### DEPARTMENT OF RADIOLOGY

### X-RAY CHEST PA

## NOT DONE / SCREENING PENDING

Respected Sir / Madam

Since your investigation (X-RAY) is not yet done, we are unable to complete your report. Kindly complete your studies as early as possible. your reports will follow once you finish your investigation.

RADIOLOGY DEPARTMENT

APOLLO MEDICAL CENTRE ANNA NAGAR

CANN-233449 Oca- 100230



# भारत सरकार

GOVERNMENT OF INDIA

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ଧୀରେନବ୍ କୁମାର ସିଂହ୍ DHIRENDRA KUMAR SINGH ଜନ୍ମ ତାରିଖ / DOB: 01/07/1986



2975 0631 9459

ପୁରୁଷ / MALE

ଆଧାର-ସାଧାରଣ ଜନତାର ଅଧିକାର

# भारतीय विशिष्ट पहचान प्राधिकरण UNIQUE IDENTIFICATION AUTHORITY OF INDIA

ଠିକଣା:

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Address:

କ୍ଲାଟର ନଂ-ବି/9, ଇଣଡ଼ିଆନ PARADEEP, Paradeep,

QNO-B/9, INDIAN OIL COLONY,

ଅଏଲ କଲୋନୀ, ପାରାଦୀପ, Odisha-754142

ପାରାବୀପ (ଏମ୍),

ଜଗତସିଂହପୁର,

ଓଡ଼ିଶା - 754142

2975 0631 9459

-Aam Admi ka Adhikar

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India

RO - CHENNAI SOUTH 38 & 39, WHITES ROAD, CHENNAI 600 014, Tamil Nadu, - 0

The Chief Medical Officer

M/S Mediwheel https://mediwheel.in/signup011-41195959(A brand name of Arcofemi Healthcare Ltd), Mumbai400021

Dear Sir,

To.

Tie-up arrangement for Health Checkup under Health Checkup

2023-

Shri/Smt./Kum. SINGH, DHIRENDRA KUMAR P.F. No. 716857

Designation:

Manager-Dy. Branch Head

Checkup for Financial Year

Approved Charges Rs.

2200.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

(Signature of

Yours Faithfully,

ON BAA

BRANCH MANAGER/SENIOR MANAGER

PS. : Status of the application-

View Worklist

Health checkup at tie-up Ctr | HealthChkup Authorisatn letter