

Health Check up Booking Request(43E1170)

1 message

5 October 2024 at 17:56

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



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 : AJAY KHURANA

Proposal No : 5700

Branch Code : 11J

Contact Details : 9811162424

Location : D63, Har Gyan Singh Arya Marg, South Extension I, Block D, New Delhi, Delhi 110049

Appointment Date : 07-10-2024

Member Information		
Booked Member Name	Age	Gender
AJAY KHURANA	60 year	Male

Included Test -

- Complete Heamogram
- HbA1c
- Urine Analysis
- SBT-13 with Elisa Method HIV test
- ECG
- Computerised Tread Mill Test (TMT)
- Physical Medical Examination Report (PMER) Rs. 1,00,00,000/- and above

Thanks,
Medsave
Team



स्थायी लेखा संख्या

/PERMANENT ACCOUNT NUMBER



AAJPK4286H



नाम /NAME

AJAY KHURANA

पिता का नाम /FATHER'S NAME

MOHINDER PAUL KHURANA

जन्म तिथि /DATE OF BIRTH

24-06-1964

हस्ताक्षर /SIGNATURE

(PRADYOT K. MISRA)

आयकर आयुक्त (कंप्यूटर केंद्र)

Commissioner of Income-tax(Computer Operations)

Ajay Khurana



Dr. Manoj Pal
MBBS

IDENTIFICATION & DECLARATION FORMAT

To,
LIC of India
Branch Office

11-J

Proposal No : 5750

Name of Life to be assured: Ajay Khurana

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

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 M on the 06/10/24 day of 2024 at 11:18 a.m./p.m.

DR. RAJESH PAL
MBBS (MD)

Signature of the Pathologist/Doctor
(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. FMR
2. ECG
3. Imaging
4. SBT-TIS
5. RVA
6. CTMT
7. HBAIC





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

Branch Code: 11-5
Proposal/ Policy No: 5700
MSP name/code: 0018
Date & Time of Examination: 06/10/24
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured:
Identity Proof verified: Phn ID Proof No. AAJPK 4286H
(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 M. Par..... (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

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

1 Full name of the life to be assured: Ajay Khurana
2 Date of Birth: 24/6/64 Age: 60 Gender: male
3 Height (In cms): 178 Weight (in kgs): 96

4 Required only in case of Physical MER
Pulse : 86 Blood Pressure (2 readings):
1. Systolic 126 Diastolic 80
2. Systolic 126 Diastolic 80

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

<p>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</p>	<p>NO</p>
<p>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.</p>	<p>NO</p>
<p>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</p>	<p>NO</p>



M. Par
MBBS, (MD)



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, thalassaemia 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. MAHESH PAL
MBBS, (MD)



For Female Proponents only		N/A
i.	Whether pregnant? If so duration.	
ii	Suffering from any pregnancy related complications	
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	

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

Declaration

You Mr/Ms Ajay Khurana 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.

Ajay Khurana

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:

MD
06/10/24

Dr. MAHESH PAL
MBBS. (MD)

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: Ajay Khurana

Age/Sex : 60/m

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 _____

Signature or Thumb Impression of L.A. Ajay Khurana

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 ND on the day of 06/10 2024 11:18 AM

Signature of L.A. Ajay Khurana

Signature of the Cardiologist DR. RAJ KUMAR

Name & Address _____
Qualification _____ Code No. _____

Clinical findings
(A)



Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
178	76	126/80	86

(B) Cardiovascular System

Rest ECG Report:

NAD

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

Conclusion:

WNL

Dated at

ND on the day of

06/10/24
2024

11.18 Am

Dr RAN KUMAR
M.D. (Medicine), D. Card. FNIC
Signature of the Cardiologist

Name & Address

Qualification

Code No.



SHRI DURGA HEALTH CARE

Mr. AJAY KHURANA

LD : 56

AGE/SEX : 60 Yr/M

HT/WT : /

DATE : 06-10-2024 11:52:39 AM

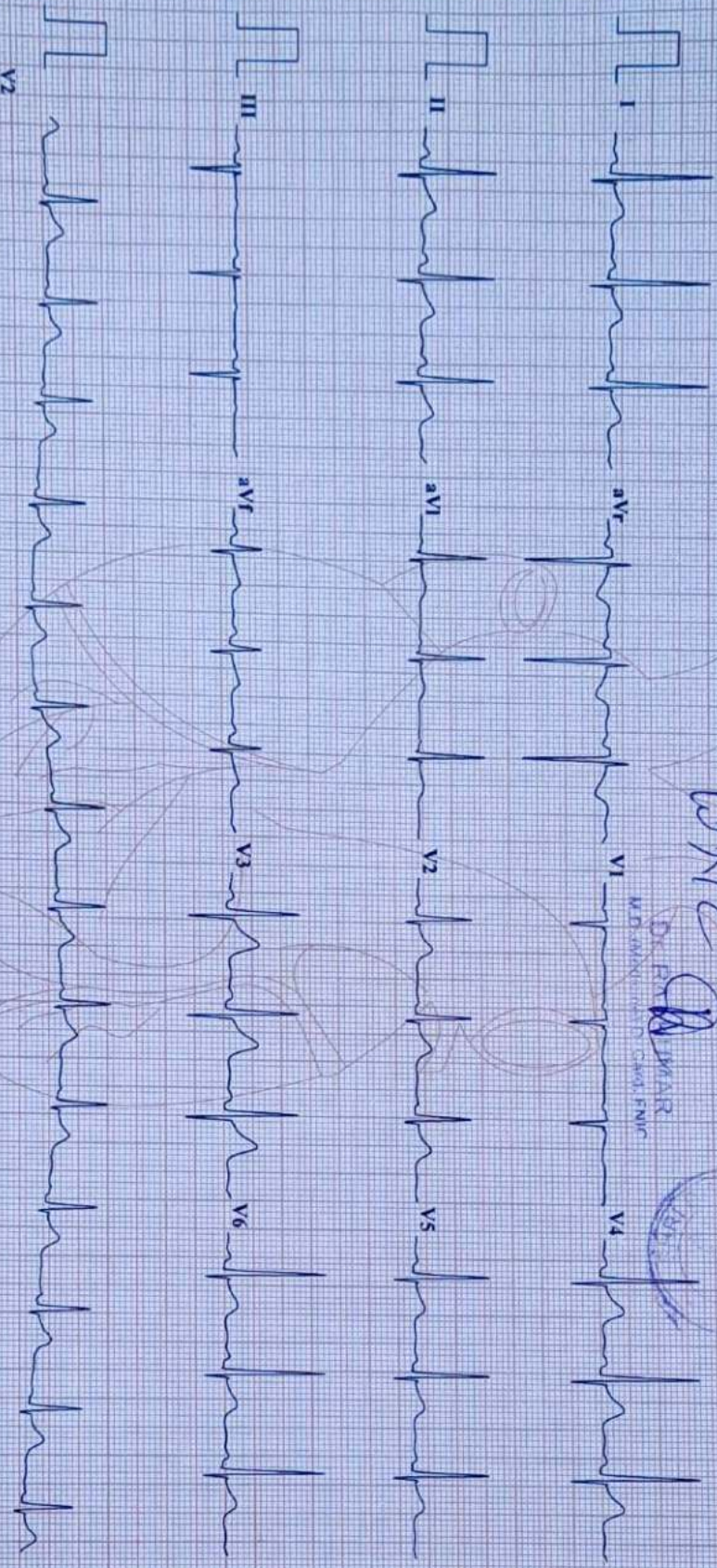
REF BY : Dr.

MACHINE INTERPRETATION :

RATE : 89 bpm
 BP : N/A
 P Axis : 53 deg
 QRS Axis : 8 deg
 L Axis : 42 deg
 PR Duration : 125 ms
 QRS Duration : 73 ms
 QT Interval : 320 ms
 QTc Interval : 368 ms

Linked Median

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



WONIC

DR. RAJESH K. SINGH
 M.D. (ANALYST) AND CARDIOPHYSICIAN



Filtered(35 Cycle) And Base Corrected

UNI-EM, India, Tel: +91-731-4030005, Fax: +91-731-4031180, E-Mail: em@electromedical.net, Web: www.uni-em.com, ECG Ver: 14.0.1



Dr.



Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	AJAY KHURANA	Sex:	MALE
Lab. No:	202401007	Age	60
Date:	6/10/2024	Ref. By	LIC

Haemogram

TEST NAME	VALUE	UNIT	NORMAL VALUE
Hemoglobin (HB)	14.6	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	02	%	01 - 06
Monocyte	03	%	02 - 10
Basophile	00	%	00 - 01
Band Form	00	%	-----
RBC	4.86	million/cmm	3.5 - 5.5
PCV	43.8	%	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	2.98	Lac/cmm	1.5 - 4.5

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

DR. SARTHA RANA
MBBS, MD (Path)



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

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:	AJAY KHURANA	Sex:	MALE
Lab. No:	202401007	Age	60
Date:	6/10/2024	Ref. By	LIC

Test Name	SBT13	Unit	Normal Value
FBS	96	mg/dl	70 - 110
Total Cholesterol	184	mg/dl	120 - 220
High Density Lipid (HDL)	44	mg/dl	35-70
Low Density Lipid (LDL)	112	mg/dl	50 - 150
S. Triglycerides	140	mg/dl	25 - 160
S. Creatinine	0.9	mg/dl	0.7 - 1.4
Bool Urea Nitrogen (BUN)	16	mg/dl	6.0 - 21
S. Protien	7.2	g/dl	6.4 - 8.2
Albumin	4.1	g/dl	3.4 - 5.0
Globulin	3.1	g/dl	2.3 - 3.3
A:G Ratio	1.3	g/dl	
S. Bilirubin	0.7	mg/dl	0.1 - 1.00
Direct	0.3	mg/dl	0.00 - 0.3
Indirect	0.4	mg/dl	0.00 - 0.7
SGOT(AST)	30	IU/L	5 - 40
SGPT(ALT)	38	IU/L	5 - 45
GGTP(GGT)	28	IU/L	11 - 50
S. Alkaline Phosphatase	101	IU/L	15 - 112
HIV 1&2 Elisa (Method)	NEGATIVE	-	NEGATIVE
HbsAg (Australia antigen)	NEGATIVE	-	NEGATIVE

DR. SAFIA RANA
MBBS MD (Path)



SDHC



53, 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

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:	AJAY KHURANA	Sex:	MALE
Lab. No:	202401007	Age	60
Date:	6/10/2024	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	1.020	1.010 - 1.030

CHEMICAL EXAMINATION

Albumin	Nil	Nil
Sugar	Nil	Nil

MICROSCOPIC EXAMINATION

Pus Cells	2-2	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

SDHC



53, 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

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:	AJAY KHURANA	Sex:	MALE
Lab. No:	202401007	Age:	60
Date:	6/10/2024	Ref. By:	LIC

HAEMATOLOGY

Test Name	Method	Value Units
GLYCOSYLATED HEMOGLOBIN (HbA1c)	TURBIDOMETRY	5.6%

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*****

Dr. SAKIA BANA
MBBS, M.D. (Path)



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

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

COMPUTERISED TREADMILL TEST

- (a) Pre-test: Supine
Standing
Hyperventilation
- (b) Exercise: Stage I)
Stage II) 3 minutes each
Stage III)
... peak exercise
- (c) Recovery: Recovery
Recovery
Recovery

Reporting Pattern

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP
PRETEST	SUPINE					90	126/80	113
	SITTING							
	STANDING					93	126/80	117
	HYPERVENTILATION					88	126/80	110
	WARM UP							
EXERCISE	STAGE 1	2.55	2.7	10	4.67	117	126/80	147
	STAGE 2	2.55	4	12	7.04	133	138/90	183
	STAGE 3							
	PEAK EXERCISE	1.29	5.4	14	8.53	151	160/102	241
RECOVERY	RECOVERY	0.25				140	160/102	224
	RECOVERY	2.35				96	136/88	130
	RECOVERY	3.55				96	128/86	122

The protocol used - BRUCE

Total Exercise Time - 7.29
 Maximum Blood Pressure - 160/102
 Maximum Workload - 8.53
 Maximum heart rate - 151 Maximum predicted heart rate 94 %
 Reason for termination -

negotiation for RMI

Comments:



Dr. RAJ KUMAR
 M.D. (Med) Card. FNIC
 Signature of the Cardiologist

Name & Address:

Qualification:



stage should have 12 lead tracing with long lead II. Each lead should contain atleast three boxes. 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

AJAY KHURANA

ID : 77

DATE : 06/10/2024

AGE/SEX : 60 / M

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	REP x100	ST LEVEL (MM)			METS
								II	V1	V5	
SUPINE					90	126 / 80	113	1.9	-0.5	1.6	
STANDING					93	126 / 80	117	1.4	-0.2	1	
HYPERVENT					88	126 / 80	110	1.3	-0.1	1	
Stage 1	2:55	0:16	2.7	10	117	126 / 80	147	0.1	-0.9	1	4.67
Stage 2	5:55	2:55	4	12	133	138 / 90	183	-0.3	-0.7	0.6	7.04
PK-EXERCISE	7:29	1:29	5.4	14	151	160 / 102	241	1.7	0.4	0	
RECOVERY	8:6	0:29			140	160 / 102	224	1.2	-0.3	0.7	
RECOVERY	10:32	2:55			96	136 / 88	130	0.8	-0.4	0.5	
RECOVERY	13:32	5:55			96	128 / 86	122	1.1	-0.3	0.8	

RESULTS

EXERCISE DURATION : 7:29

MAX HEART RATE : 151 bpm

MAX BLOOD PRESSURE : 160 / 102 mm Hg

REASON OF TERMINATION : % of target heart rate 160 bpm

BP RESPONSE :

ARRHYTHMIA :

H.R. RESPONSE :

IMPRESSIONS :

MAX WORK LOAD

: 8.53 METS

Negative for PMI
fair effort

D. KUMAR
M.D.



Technician :

Unit-256, Indoroda, Gali, +91-721-4430035, Fax: +91-721-4413340, E-Mail: info@rectormedicalservices.com, Web: www.ub-eh.com, Tel: 96107104



AJAY KHURANA

I.D. 77

Age 60/M
Date 06/10/2024

RATE 93bpm
B.P. 126/80

PRETEST
STANDING
ST @ 10mm/mV
80ms Post

LINKED MEDIAN

Mag. X 2

V1

I
1.1
0.5

aVR
-1.2
-0.7

V1
-0.2
-0.2

V4
1.8
1.0

II
1.4
0.9

aVL
0.4
0.0

V2
1.2
0.8

V5
1.0
0.6

III
0.3
0.4

aVF
0.8
0.7

V3
2.5
1.8

V6
1.2
0.8

I

I III aVR aVF V1 V2 V4 V6

-0.2
-0.2

II aVR aVF V2 V4 V6



Signature of Dr. Prakash Chandra



SHRI DURGA HEALTH CARE

AJAY KHURANA
I.D. 77

Age 60/M
Date 06/10/2024

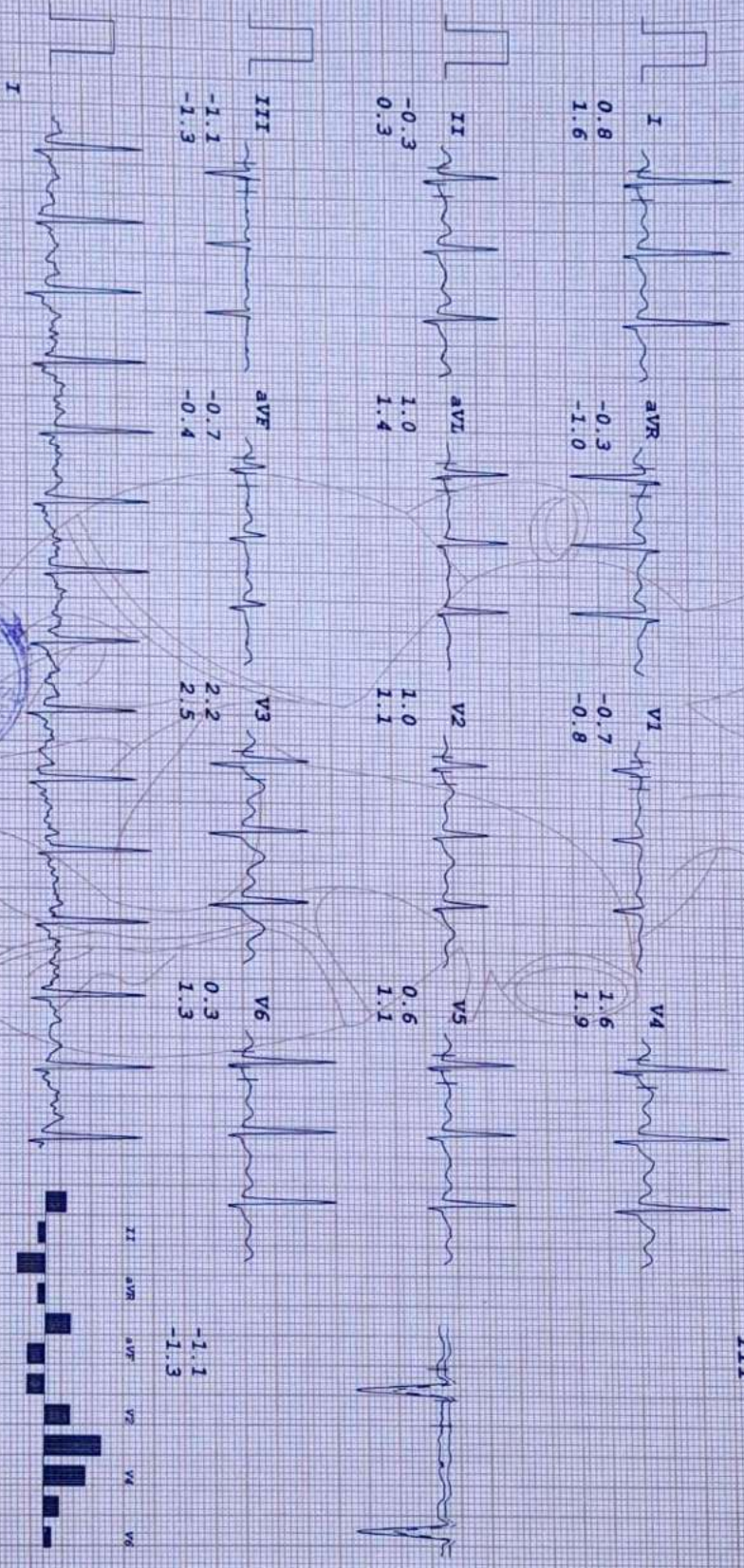
RATE 133bpm
B.P. 138/90

Brice
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. P. KUNJAR
M.D. (Medicine) D Card PMF



ALAY KHURANA
I.D. 77

Age 60/M
Date 06/10/2024

RATE 140bpm
B.P. 160/102

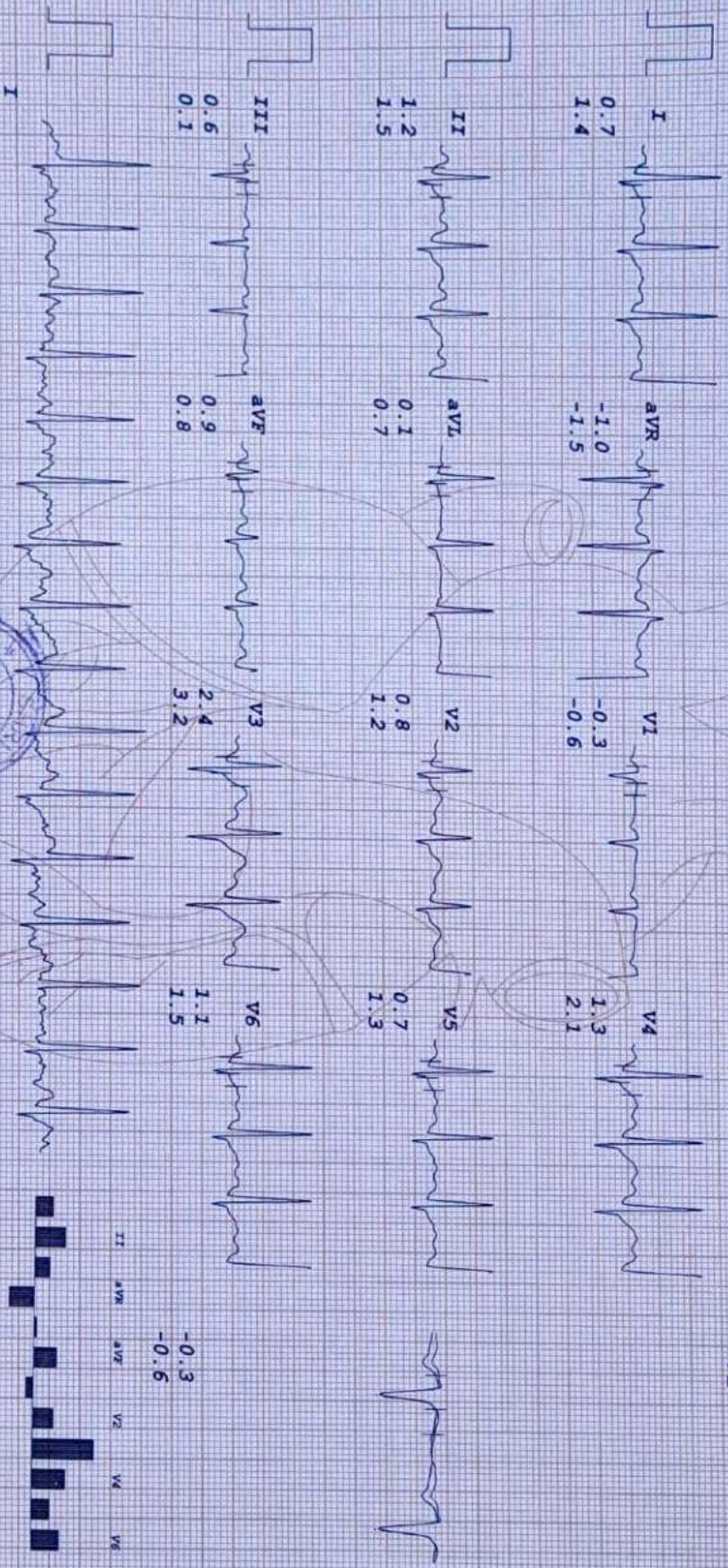
Recovery
TOTAL TIME 8:06
PHASE TIME 0:29

ST @ 10mm/mV
80ms PostCJ

LINKED MEDIAN

SHRI DURGA HEALTH CARE

Mag. X 2



DR. RAJESH KUMAR
MD (General Medicine)

I III aVR aVL V1

II aVF V2 V4 V6

-0.3
-0.6



SHRI DURGA HEALTH CARE

AJAY KHURANA
I.D. 77

Age 60/M
Date 06/10/2024

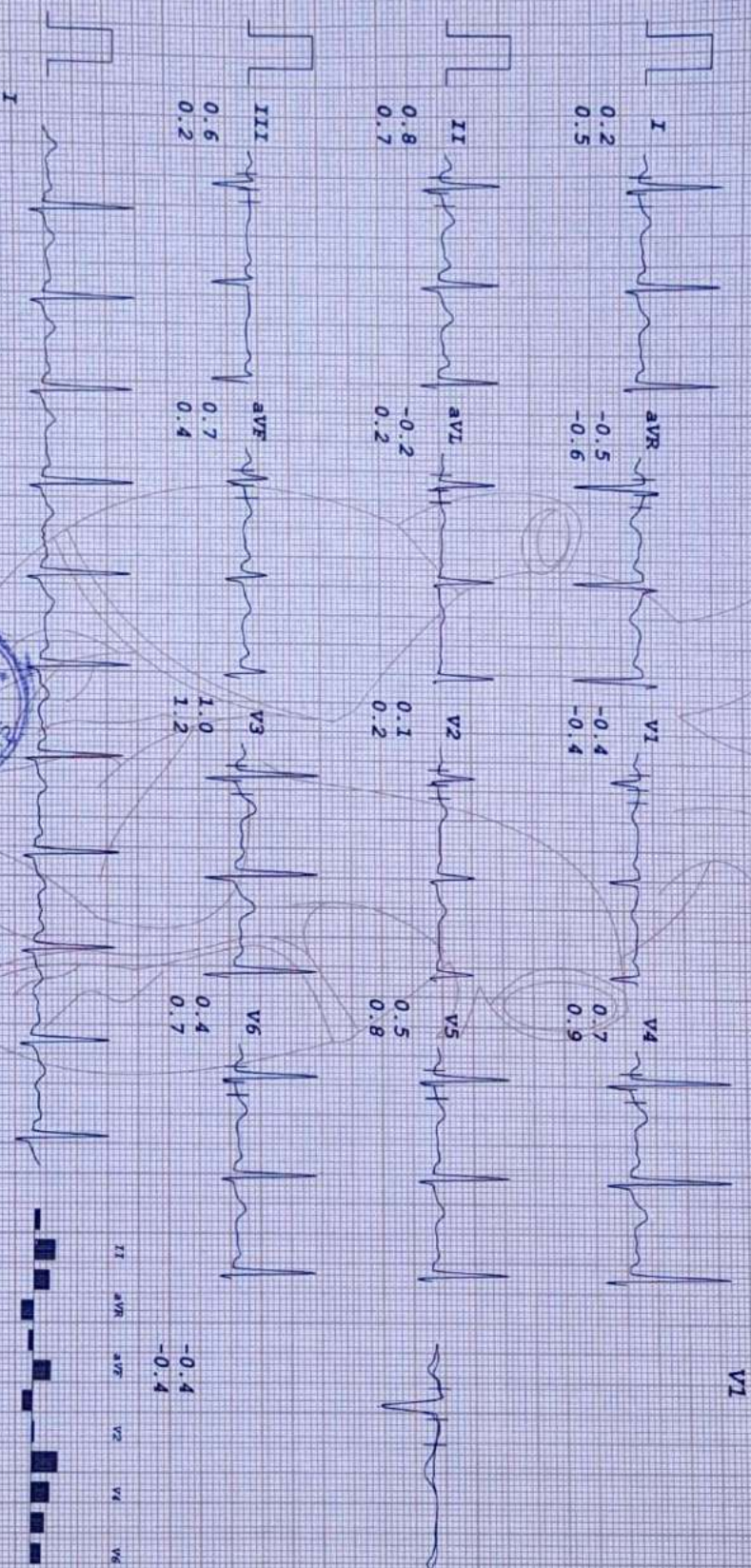
Rate 96bpm
B.P. 136/88

Recovery
TOTAL TIME 10:32
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2



DR. M. K. KUMAR
MD
CARDIOPHYSICIAN



SHRI DURGA HEALTH CARE

AAJAY KHORANA

I.D. 77

Age 60/M

Date 06/10/2024

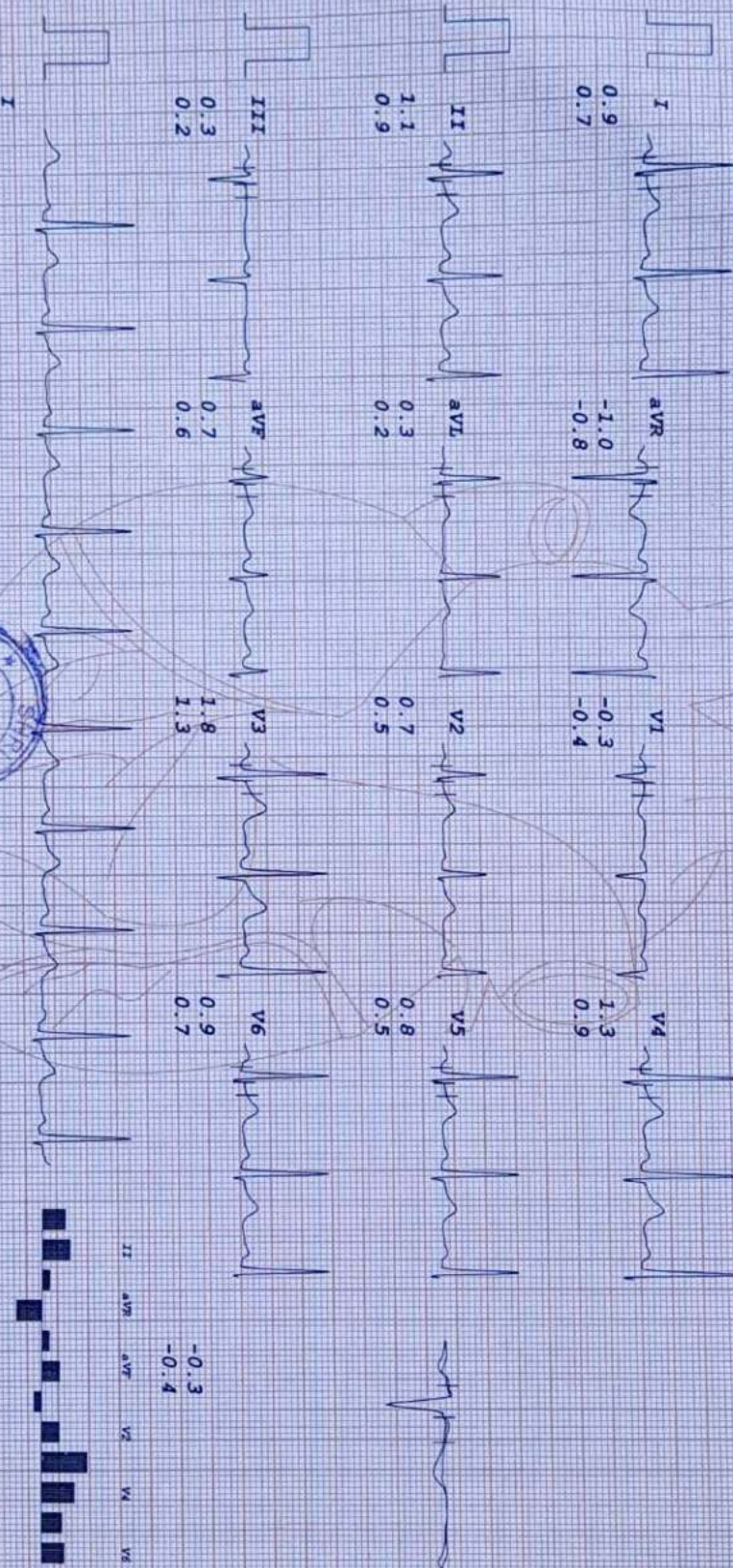
RATE 96bpm
B.P. 128/86

RECOVERY
TOTAL TIME 13:32
PHASE TIME 5:55

ST @ 10mm/mV
80ms Post

LINKED MEDIAN

MAG. X 2



DR. B. KUNAR
M.D. (Gen. Med.)
F.M.R.C.P. (Gen. Med.)



sdurga HEALTHCARE
(CHAUDHARY DURGA SINGH)
HEALTHCARE PRIVATE LIMITED

NARINDER
DR. SIDHARTH
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°
06/10/24 11:35 AM GMT +05:30



Dr. MAHESH
MBBS, (MD)

A circular professional stamp for Dr. Mahesh, MBBS, (MD). The stamp contains the text "DR. MAHESH", "MBBS, (MD)", and "DURGAS HEALTHCARE PRIVATE LIMITED".