

Health Check up Booking Request(43E1204)

1 message

8 October 2024 at 11:06

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 : MS RANI ARORA

Proposal No : 3374

Branch Code : 11F

Contact Details : 9266373209

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

Appointment Date : 08-10-2024

Member Information		
Booked Member Name	Age	Gender
MS RANI ARORA	62 year	Female


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. 25,00,000 to Rs. 49,99,999

Thanks,
Medsave
Team



स्थायी लेखा संख्या /PERMANENT ACCOUNT NUMBER
AAJPA6034B



नाम /NAME
RANI ARORA

पिता का नाम /FATHER'S NAME
CHANDER BHAN

जन्म तिथि /DATE OF BIRTH
14-04-1962

हस्ताक्षर /SIGNATURE
Rani Arora

(PRADEEP K. MEHRA)
Commissioner of Income-tax (Computer Operations)

Rani Arora

Dr. Pradeep DHIMAN
preeth
M.B.B.S



IDENTIFICATION & DECLARATION FORMAT

To,
LIC of India
Branch Office

11-F
3374

Proposal No

Name of Life to be assured:

Rani Arora

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

Photo

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

08/10/24

day of 2024 at 10:35 a.m./p.m.

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

Dr. PREETI DHIMAN
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.....

Rani Arora

Reports enclosed.

- 1..... FMR
- 2..... ECG
- 3..... HbA1c
- 4..... SPT-12
- 5..... RUA
- 6..... HbA1c
- 7..... CTMT





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

Branch Code: 11-F3374
 Proposal/ Policy No: 6018
 MSP name/code : 6018
 Date & Time of Examination: 08/10/24 10:5 AM
 Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: _____
 Identity Proof verified: Ran ID Proof No. AAJP 603413
 (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 P. Preeti..... (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

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

1 Full name of the life to be assured: Rani Arora
 2 Date of Birth: 14/4/62 Age: 62 Gender: Female
 3 Height (In cms): 158 Weight (in kgs) : 64
 4 Required only in case of Physical MER

Pulse : 80 Blood Pressure (2 readings):
 1. Systolic 114 Diastolic 76
 2. Systolic 114 Diastolic 76

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><u>NO</u></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><u>NO</u></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><u>NO</u></p>



Dr. PREETI DHIMAN
Preeti M.B.S



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 -2.25 B/E
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 DH MANI
preeti M.E.B.S

For Female Proponents only		
i.	Whether pregnant? If so duration.	NO
ii	Suffering from any pregnancy related complications	NO
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 Rani Arora 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.

Rani Arora

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
08/10/24

Dr. PREELDHIMAN
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: Rani Arora

Age/Sex : 62 / 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 _____

Rani Arora
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 ND on the day of 08/10/2024

Rani Arora
Signature of L.A.

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

Clinical findings
(A)



Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
158	64	114/26	80

(B) Cardiovascular System

Rest ECG Report:

NAD

Position	Supin	P Wave	✓
Standardisation Imv	10/1	PR Interval	✓
Mechanism	✓	QRS Complexes	✓
Voltage	✓	Q-T Duration	✓
Electrical Axis	✓	S-T Segment	✓
Auricular Rate	60/1	T-wave	✓
Ventricular Rate	60 L	Q-Wave	✓
Rhythm	Sing		
Additional findings, if any.	no		

Conclusion:

WNL

Dated at

MD on the day of 08/10/24 2024

Dr RAJ KUMAR
M.D. (Medicine) ID Card. FNIA

Signature of the Cardiologist

Name & Address

Qualification

Code No.





Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	RANI ARORA	Sex:	FEMALE
Lab. No:	202401003	Age:	62
Date:	8/10/2024	Ref. By	LIC

Haemogram

TEST NAME		UNIT	NORMAL VALUE
Hemoglobin (HB)	12.6	mg/dl	13.2 - 16.2 (M) 12.0 - 15.2 (F)
Total Leukocyte Count	8,400	cells/cmm	4,000-11,000
Differential Leukocyte Count*			
Neutrophils	67	%	45 - 75
Lymphocyte	25	%	20 - 35
Eosinophil	05	%	01 - 06
Monocyte	03	%	02 - 10
Basophile	00	%	00 - 01
Band Form	00	%	-----
RBC	4.2	million/cmm	3.5 - 5.5
PCV	37.8	%	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	1.99	Lac/cmm	1.5 - 4.5

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

DR. SAFIA RANA
MBBS, M.D. (Path)



SDHC



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:	RANI ARORA	Sex:	FEMALE
Lab. No:	202401003	Age:	62
Date:	8/10/2024	Ref. By	LIC

Test Name	SBT13	Unit	Normal Value
FBS	105	mg/dl	70 - 110
Total Cholesterol	156	mg/dl	120 - 220
High Density Lipid (HDL)	39	mg/dl	35-70
Low Density Lipid (LDL)	93	mg/dl	50 - 150
S. Triglycerides	120	mg/dl	25 - 160
S. Creatinine	0.7	mg/dl	0.7 - 1.4
Blood Urea Nitrogen (BUN)	16	mg/dl	6.0 - 21
S. Protien	6.8	g/dl	6.4 - 8.2
Albumin	3.6	g/dl	3.4 - 5.0
Globulin	3.2	g/dl	2.3 - 3.3
A:G Ratio	1.1	g/dl	
S. Bilirubin	0.5	mg/dl	0.1 - 1.00
Direct	0.2	mg/dl	0.00 - 0.3
Indirect	0.3	mg/dl	0.00 - 0.7
SGOT(AST)	34	IU/L	5 - 40
SGPT(ALT)	40	IU/L	5 - 45
GGTP(GGT)	30	IU/L	11 - 50
S. Alkaline Phosphatase	109	IU/L	15 - 112
HIV 1&2 Elisa (Method)	NEGATIVE		NEGATIVE
HbsAg (Australia antigen)	NEGATIVE		NEGATIVE

DR. SAFIA RANA
MBBS, M.D. (Path)

SDHC



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:	RANI ARORA	Sex:	FEMALE
Lab. No:	202401003	Age:	62
Date:	8/10/2024	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. SAFIA RANA
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)

LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division _____ Branch _____

Proposal No. _____

Agent/D.O. Code: _____

Full Name of Life to be assured: Rani Arora

Age/Sex : 62/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.

Rani Arora

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 ND 08/10/24 on the day of 2024

Rani Arora
Signature of L.A.

Dr RAJ KUMAR
M.D. (Medicine) D Card. FNIC
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					82	114/70	93
	SITTING					85	114/76	96
	STANDING					90	114/76	102
	HYPERVENTILATION							
	WARM UP							
EXERCISE	STAGE 1	2.55	2.7	10	4.67	123	114/76	140
	STAGE 2	2.55	4	12	7.04	145	136/88	197
	STAGE 3							
	PEAK EXERCISE	1.27	5.4	14	8.50	162	158/98	255
RECOVERY	RECOVERY	0.25				148	138/88	233
	RECOVERY	2.55				124	140/88	175
	RECOVERY	5.55				116	124/82	147

The protocol used - BRUCE

Total Exercise Time -

Maximum Blood Pressure --

Maximum Workload -

Maximum heart rate

Maximum predicted heart rate

%

Reason for termination-

Comments:

Negative for MI
 Signature of the Cardiologist
 Dr. RAJ KUMAR
 M.D. F.N.C.

Name & Address

Qualification

Code No.

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

RANI ARORA

TREADMILL TEST REPORT

ID : 80
 DATE : 08/10/2024
 AGE/SEX : 62 / F
 HT/WT : 0 / 0
 REF. BY :

PROTOCOL : Bruce
 HISTORY :
 INDICATION :
 MEDICATION :

Rani Arora

PRASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RBP X100	ST LEVEL (MM)			METS	
								II	V1	V5		
SUBJING					82	114 / 76	93	1.3			1.2	
STANDING					85	114 / 76	96	0.7			0.6	
HYPERVENT					90	114 / 76	102	0.6			0.7	
Stage 1	2:55	2:55	2.7	10	123	114 / 76	140	1.9			2.1	
Stage 2	5:55	2:55	4	12	145	136 / 88	197	2			1.8	4.67
PR-EXERCISE	7:27	1:27	5.4	14	162	158 / 98	255	2.3			2.1	7.04
RECOVERY	8:4	0:29			148	158 / 98	233	3.3			2.5	8.50
RECOVERY	10:30	2:55			124	140 / 88	173	0.7			0.8	
RECOVERY	13:30	5:55			116	124 / 80	143	0.6			0.7	

RESULTS

EXERCISE DURATION : 7:27
 MAX HEART RATE : 162 bpm
 MAX BLOOD PRESSURE : 158 / 98 mm Hg
 REASON OF TERMINATION :
 BP RESPONSE :
 ARRHYTHMIA :
 H.R. RESPONSE :
 IMPRESSIONS :

MAX WORK LOAD : 8.50 METS

Recommendation for RMT
 for other follow

Dr. Arora



Technician :



SHRI DURGA HEALTH CARE

RANI ARORA
I. D. 80
Age 62/YE
Date 08/10/2024

Rate 82bpm
B.P. 114/76

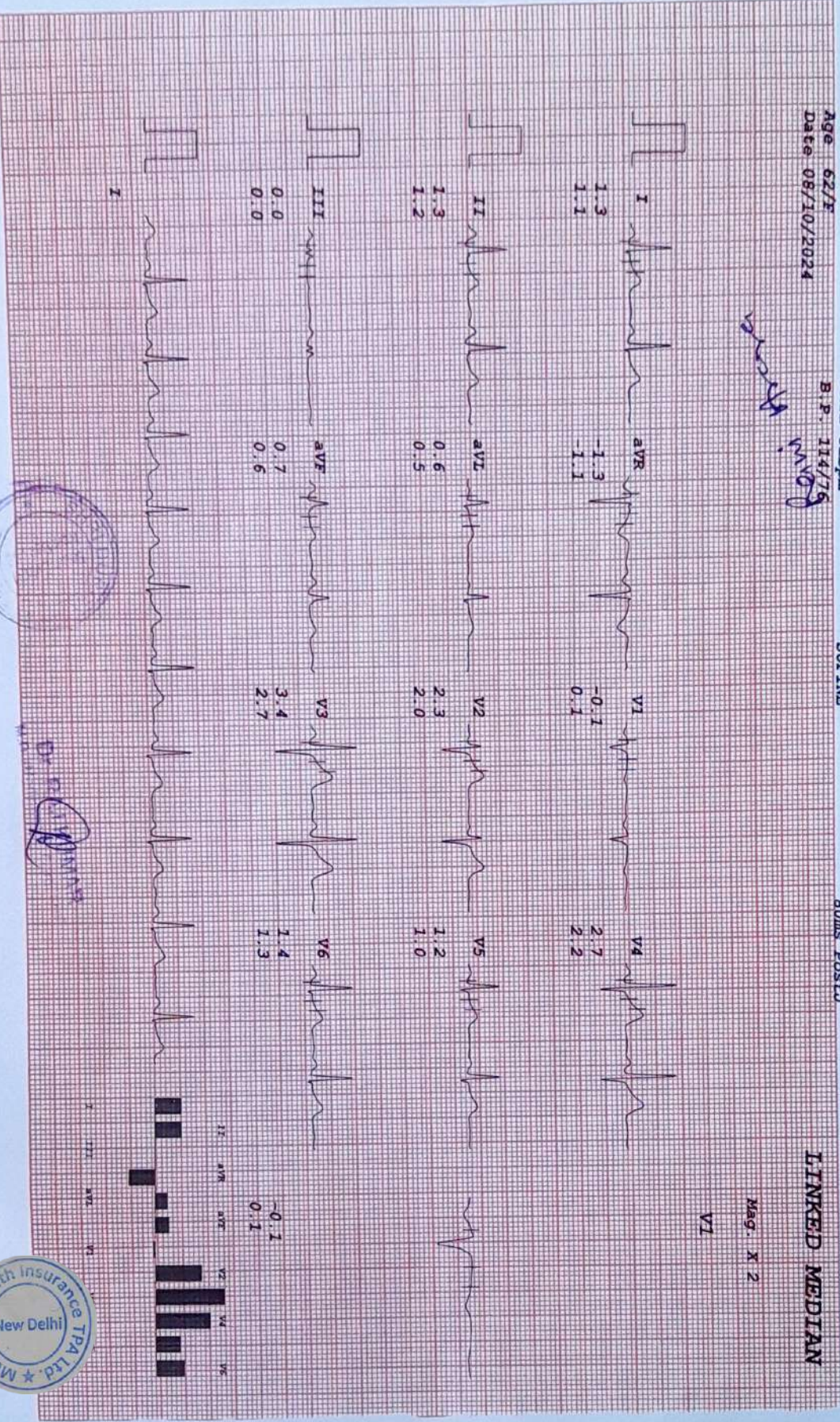
PRETEST
SUPINE

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Handwritten: normal

Mag. X 2



Handwritten Signature: Dr. S. K. Sharma



RANI ARORA

I.D. 80

Age 62/F

Date 08/10/2024

RATE 123bpm

B.P. 114/76

SHRI DURGA HEALTH CARE

Bruce

Stage 1

TOTAL TIME 2:55

PHASE TIME 2:55

ST @ 10mm/mV

80ms PostJ

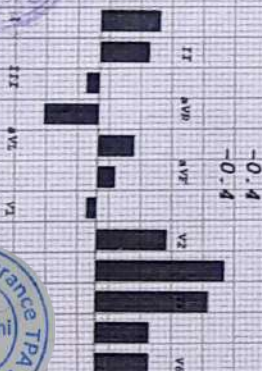
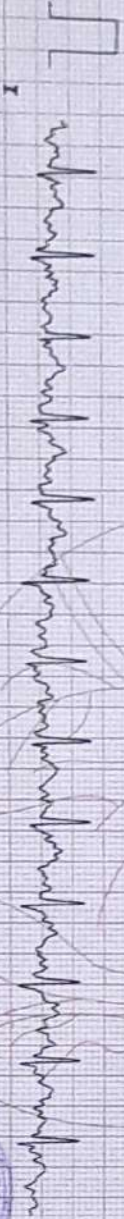
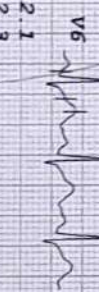
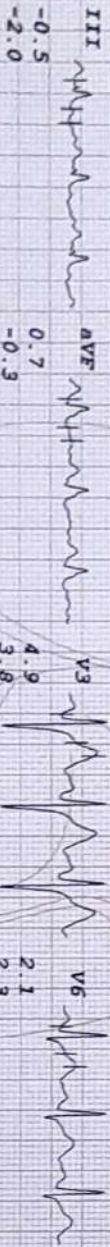
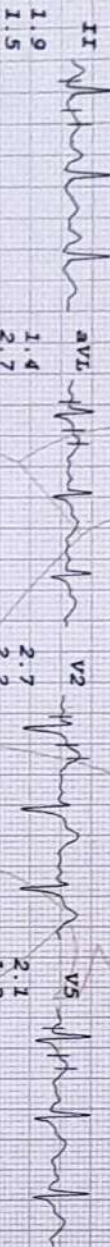
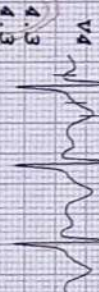
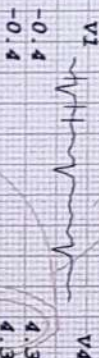
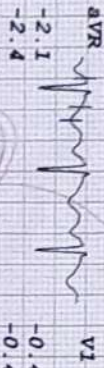
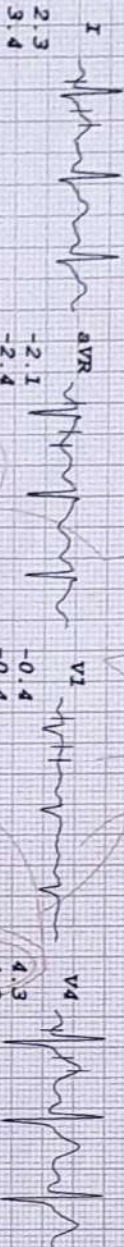
Speed 2.7 km/hr

SLOPE 10 %

LINKED MEDIAN

Mag. X 2

V1



DR. R. K. KUMAR
MD (Gen. Med.)
MBBS, DNB (Gen. Med.)
DIPLOMA IN GERIATRICS



SHRI DURGA HEALTH CARE

RANI ARORA
I.D. 80
Age 62/F
Date 08/10/2024

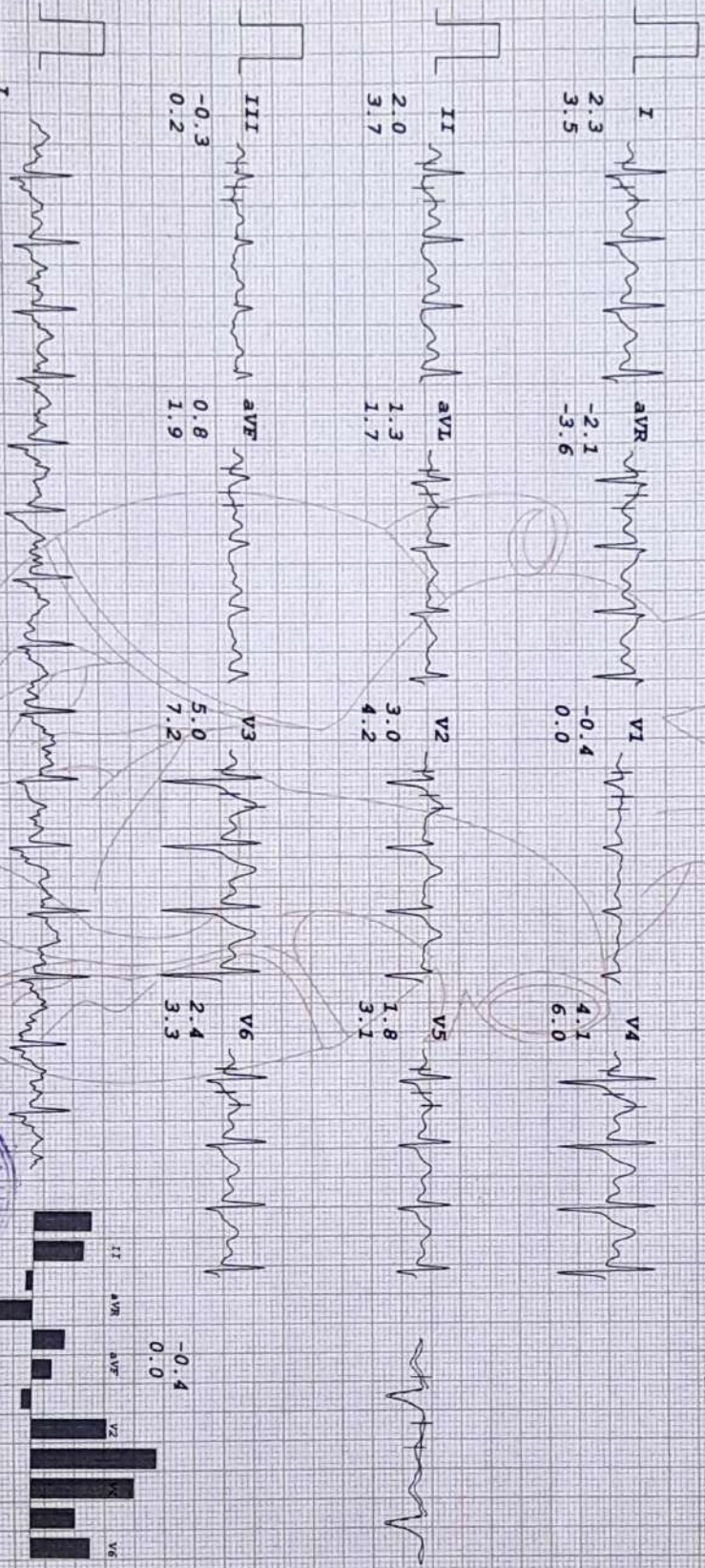
RATE 145bpm
B.P. 136/88

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



SHRI DURGA HEALTH CARE

RANI ARORA
I.D. 80
Age 62/F
Date 08/10/2024

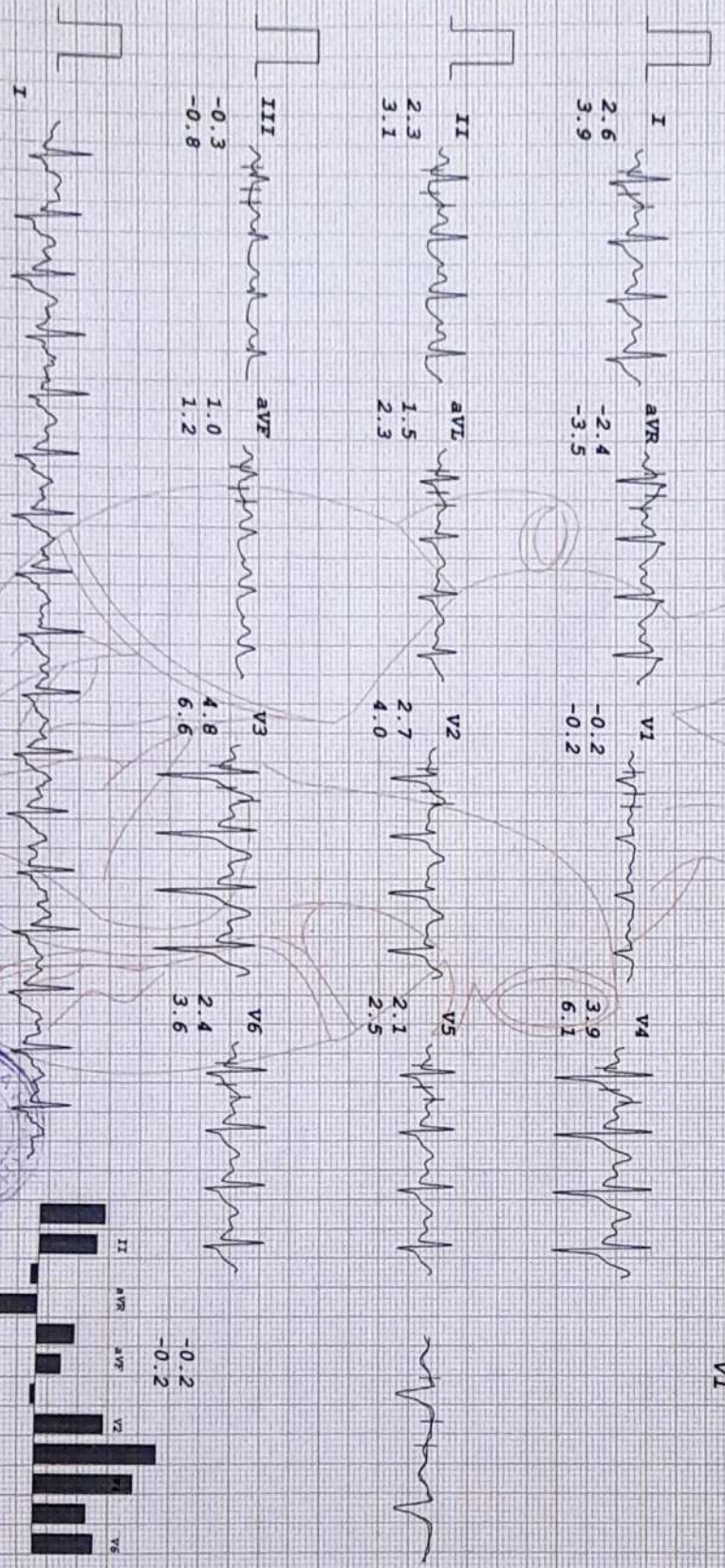
RATE 162bpm
B.P. 158/98

Brice
PR-EXERCISE
TOTAL TIME 7:27
PHASE TIME 1:27

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

LINKED MEDIAN

Mag. X 2



DR RAJKUMAR
MED. (M.D.)
CARDIOLOGIST



SHRI DURGA HEALTH CARE

RANI ARORA
 I.D. 80
 Age 62/F
 Date 08/10/2024

RATE 124bpm
B.P. 140/88

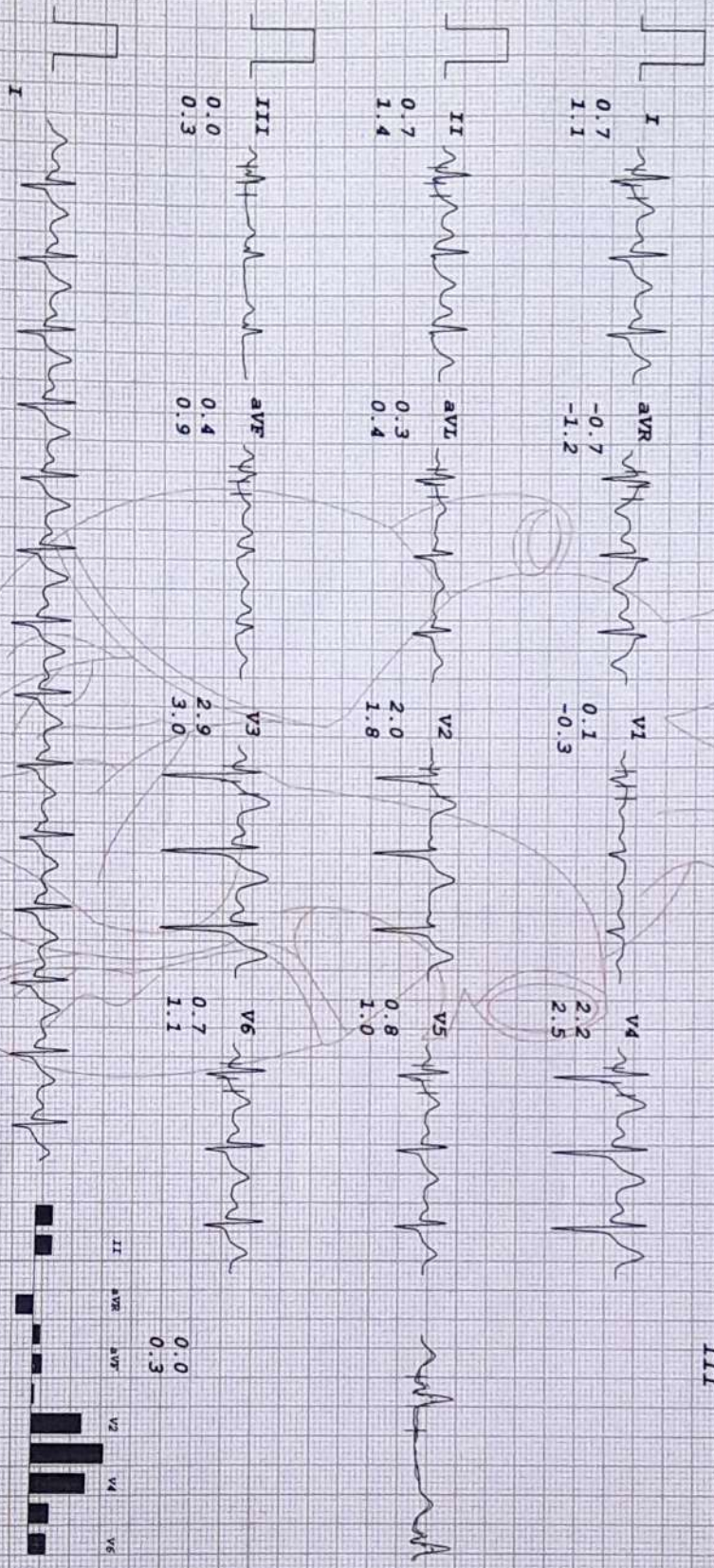
RECOVERY
TOTAL TIME 10:30
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

III



Handwritten signature and initials



SHRI DURGA HEALTH CARE

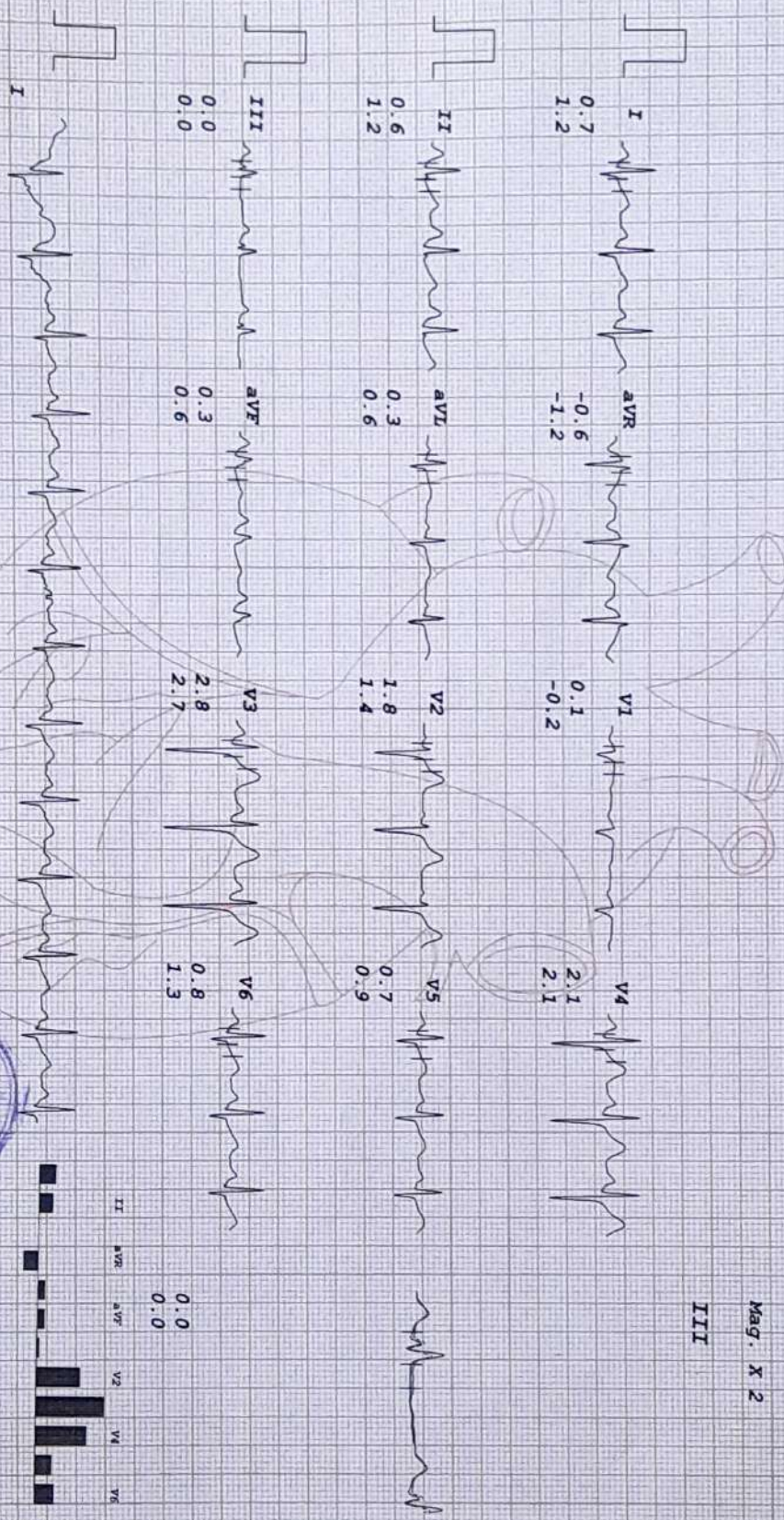
RANI ARORA
 I.D. 80
 Age 62/F
 Date 08/10/2024

RATE 116bpm
 B.P. 124/80

BRUCE
 RECOVERY
 TOTAL TIME 13:30
 PHASE TIME 5:55

ST @ 10mm/mV
 80ms Post J

LINKED MEDIAN




DR. RAKHMAR
 M.D. (MBBS) (CC) (DIPLOMA) (FNIH)



sdurga HEALTHCARE
(CHAUDHARY DURGA SINGH)
HEALTHCARE PRIVATE LIMITED

DR. 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°

08/10/24 11:09 AM GMT +05:30



Dr. PREETI DHIMAN
Preeti M.B.B.S