



ELITE DIAGNOSTIC

Email – elitediagnostic4@gmail.com

PROP. NO. : 4504
S. NO. : 109185
NAME : MRS. SHUBHANGI BANSAL AGE/SEX-30/F
REF. BY : LIC
Date : OCTOBER, 14, 2024

BIOCHEMISTRY

Test	Result	Units	Normal Range
Blood Sugar Fasting	89.2	mg/dl	70-115
Blood Sugar (Post Glucose after 2hr.) (PGBS)	123.0	mg/dl	80-150

HAEMATOLOGY

Test	Result	Units
Glycosylated Haemoglobin (HbA1c)	5.63	%

INTERPRETATION

Normal	:	5.0 – 6.7
Good Diabetic Control	:	6.8 – 7.3
Fair Control	:	7.4 – 9.1
Poor Control	:	more than 9.1

Note:- Glycosylated Haemoglobin is a specific component of HBA1C and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the preceeding two Months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.

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

Please correlate with clinical conditions.



DR. T.K. MATHUR

M.B.B.S. MD

REGD. NO. 19702

Consultant Pathologist

7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570

NOTE : Not to the final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any hasitation. This report is not for medico – legal cases.



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ROUTINE URINE ANALYSIS

PHYSICAL EXAMINATION

Quantity : 20.ml
Colour : P. YELLOW
Transparency : Clear
Sp Gravity : 1.015

CHEMICAL EXAMINATION

Reaction : ACIDIC
Albumin : Nil /HPF
Reducing Sugar : Nil. /HPF

MICROSCOPIC EXAMINATION

Pus Cells/WBCs : 2-3. /HPF
RBCs : Nil. /HPF
Epithelial Cells : 1-2. /HPF
Casts : Nil.
Crystals : Nil. /HPF
Bacteria : Nil.
Others : Nil.

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

Please correlate with clinical conditions.

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To,
LIC of India
Branch Office

Date: 14/10/2024

Proposal No. 4504

Name of the Life to be assured SHUBHANGI BANJAL

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

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which reports are enclosed. The Life to be assured has signed as below in my presence.

Signature of the Pathologist/ Doctor

Dr. BINDU
MBBS, MD
Reg. No.-33435

Name:

I confirm, I was on fasting for last 10 (ten) hours. All the Examination / tests as mentioned below were done with my consent.

Shubhanga
(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM		PHYSICIAN'S REPORT	
COMPUTERISED TREADMILL TEST		IDENTIFICATION & DECLARATION FORMAT	
HAEMOGRAM		MEDICAL EXAMINER'S REPORT.	
LIPIDOGRAM		BST (Blood Sugar Test-Fasting & PP) Both	
BLOOD SUGAR TOLERANCE REPORT		FBS (Fasting Blood Sugar)	YES
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)		PGBS (Post Glucose Blood Sugar)	YES
ROUTINE URINE ANALYSIS	YES	Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		Hb%	
ELISA FOR HIV		Other Test	

HBATC / Diabetic
@ 8787001010

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,



LIFE INSURANCE CORPORATION OF INDIA, Delhi D.O.-II.

Diabetic Questionnaire

To be completed by proposer

Proposal No. **4504**

Branch Code.....

Name..... **SHUBHANGI BANJAL** Date of Birth.. **11/02/1994**

Residence Address:..... **NO**

Occupation..... **HOUSE WIFE** Former Occupation if any **NO**

Height (Cms)..... **1.54** Weight (Kgs)..... **68** Weight two years ago..... **68**

Date of diabetes diagnosed:-..... NO Name and address of doctor who made the diagnosis..... NO	Are you receiving treatment or under medical supervision now? If so give name and address of doctor..... NO
Is urine sugar free?..... YES Have you had any blood sugar estimations done?..... YES What were the fasting estimations?..... N/A What is the diet at present?..... N/A Is the diet weighted or estimated?..... NO Do you take antidiabetic drugs?..... NO Which drugs and how much a day?..... NO State amount of Insulin taken daily?..... NO Have you ever had any infections, such as boils, abscessed teeth, tonsillitis etc.?..... NO Have you ever had any eye trouble?..... NO Have you ever had any heart trouble?..... NO Have you ever had high blood pressure?..... NO Have you ever had any prolonged or recurring illness?..... NO Have you ever had coma?..... NO	(a) Now.....(b) Always.....(c) Date of last test..... If so, when?..... N/A Protein.....gms; Fat.....gms;Carbohydrates.....gms N/Aunits. Time of administration..... (a) Diabetic coma?..... N/A Date:..... (b) Insulin coma?..... N/A Date:.....
Has an electrocardiogram been taken? Was the electrocardiogram normal? Has an X-ray of the chest been taken? Was the X-ray normal? Date.....By whom?..... (If taken, submit it which will be returned)..... N/A Date:.....By whom?.....

Authorisation

I hereby authorise Dr. **BINDU** to give to the Life Insurance Corporation of India any and all information he may have regarding my condition when under observation or treatment by him including the history obtained, family history, findings and diagnosis.

Dated at... **DELHI**on this... **14**day of... **10**20**24**.....

Signature of Witness..... **Shubhanga**

Occupation:..... **HOUSE WIFE**

Address:.....

Signature of Proposer.....

Dr. BINDU

MBBS, MD

Reg. No.-33435



3. Blood Sugar Tolerance Test(in mgs% or g/l):	
(a) Fasting:.....	Date:.....
(b) Daily Curve:.....	Date:.....
(c) Tolerance Test:.....	Date:.....
(for (b) and (c) submit copy)	
4. Blood Pressure:	
(a) Highest reading.....
(b) Three last readings.....
5. Peripheral Circulation:	
(a) Peripheral Pulsations.....
(b) Slowly healing wounds.....
(c) Gangrene.....
(d) X-ray of the femoral arteries.....
6. Eyes:	
Ophthalmoscopy.....	State.....Date.....
7. Is there any evidence of:	
(a) Heart Disease?.....	Date.....
(b) Lung Disease?.....	Date.....
(c) Infectious Disease?.....	Date.....
8. Electrocardiogram and X-ray of the chest:	
(a) Electrocardiogram (submit it).....	State.....Date.....
(b) X-ray of the chest:.....	State.....Date.....
9. Remarks:.....	
.....	
.....	
.....	

Date: 14/10/2024.



Signature of the Medical Attendant

Name: _____
 Qualifications: _____
 Code No. _____
 Address: _____



Dr. BINDU

MBBS, MD
 Reg. No. 33435

