

Health Check up Booking Request(43E1305)

1 message

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

10 October 2024 at 12:24



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 : MR RAKESH KUMAR YADAV

Proposal No : 3219

Branch Code : 119

Contact Details : 9310995357

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

Appointment Date : 10-10-2024

Member Information		
Booked Member Name	Age	Gender
MR RAKESH KUMAR YADAV	54 year	Male

Included Test -

- HbA1c
- Urine Analysis
- Hb%
- SBT-13 with Elisa Method HIV test
- ECG
- Computerised Tread Mill Test (TMT)
- Physical Medical Examination Report (PMER) Rs. 50,00,000 to Rs 99,99,999

Thanks,
Medsave
Team



आयकर विभाग

INCOME TAX DEPARTMENT




GOVT. OF INDIA

RAKESH KUMAR YADAV
UMRAO SINGH YADAV

01/08/1970

Permanent Account Number

AAPPY3613C


Signature



Yadav
LIC PARVATI YADAV
Insurance Advisor
Reg. Code No. 10511119, DO Code-1577
Life Insurance Corporation of India
Branch-119, Defence Colony, New Delhi-110024
9810914457



भारत सरकार

GOVERNMENT OF INDIA



राकेश कुमार यादव

Rakesh Kumar Yadav

जन्म तिथि/ DOB: 01/08/1970

पुरुष / MALE

Dr. MAHESHA PAI
MBBS, (MD)



7190 8648 4465

मेरा आधार, मेरी पहचान



IDENTIFICATION & DECLARATION FORMAT

To,
LIC of India
Branch Office

Proposal No

119 3219

Name of Life to be assured:

Rakesh Kumar Yadav

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

pin

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

4/11/24

day of 2024,

at 100

a.m/p.m.

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

Dr. Rakesh P. S. (MD)



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

Rakesh

Signature of the Life to be Assured
Name.....

Reports enclosed.

1. FMR
2. ECG
3. Hb1.
4. SBT-13
5. RUA
6. CTMT
7. HBAIC



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

Branch Code: 4/11/24/119
 Proposal/ Policy No: 3219
 MSP name/code: 0018
 Date & Time of Examination: 4/11/24
 Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured:
 Identity Proof verified: Pass ID Proof No. AAPPY3612C
 (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. Pal..... (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

Rakesh

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

1	Full name of the life to be assured:	<u>Rakesh Kumar Jindal</u>	
2	Date of Birth:	Age:	Gender:
	<u>18/70</u>	<u>54</u>	<u>male</u>
3	Height (In cms):	Weight (in kgs) :	
	<u>168</u>	<u>72</u>	
4	Required only in case of Physical MER		

Pulse :	Blood Pressure (2 readings):
<u>78</u>	1. Systolic <u>126</u> Diastolic <u>84</u>
	2. Systolic <u>126</u> Diastolic <u>84</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	<u>No</u>
---	---	-----------

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.	<u>No</u>
---	--	-----------

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	<u>No</u>
---	--	-----------



Dr. MAHESH PAL
 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, heart attack, 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. MAHESH PAL
MBBS-ZMD

For Female Proponents only		
i.	Whether pregnant? If so duration.	N/A
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 Rakesh Kumar Yadav declare that you have fully understood the questions asked to you during the 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.

Rakesh

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
4/11/24

Signature of Medical Examiner
Name & Code No:

M. RAJESH PAL
MBBS. (MD)



LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division _____ Branch _____
Proposal No. _____

Agent/D.O. Code: _____

Full Name of Life to be assured: _____

Age/Sex : _____

ELECTROCARDIOGRAM

54/M Rakesh Kumar Yadav

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. *Rakesh*

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 *11/12/24* 2024 *10:22*

Rakesh
Signature of L.A.

Rakesh Kumar
Signature of the Cardiologist

Name & Address
Qualification

Code No.

Clinical findings
(A)



Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
168	72	126/84	78

(B) Cardiovascular System

NAD

Rest ECG Report:

Position	Supi	P Wave	NAD
Standardisation Imv	10x	PR Interval	NAD
Mechanism	NAD	QRS Complexes	NAD
Voltage	NAD	Q-T Duration	NAD
Electrical Axis	NAD	S-T Segment	NAD
Auricular Rate	60x	T-wave	NAD
Ventricular Rate	60x	Q-Wave	NAD
Rhythm	Sing		
Additional findings, if any.	NO		

Conclusion:

WNL

Dated at

24 on the day of 5/11/24 2024

Signature of the Cardiologist

Name & Address

Qualification

Code No.



SHRI DURGA HEALTH CARE

MR. RAKESH KUMAR VADAV

ID : 81

AGE/SEX : 54 Yr/M

HGT/WT : /

DATE : 04-11-2024 10:18:36 AM

REF BY : Dr.

MACHINE INTERPRETATION : Normal ECG.

RATE : 79 bpm

BP : N/A

P Axis : 34 deg

QRS Axis : 43 deg

T Axis : 53 deg

P Duration : 99 ms

PR Duration : 139 ms

QRS Duration : 89 ms

QT Interval : 350 ms

QTc Interval : 386 ms

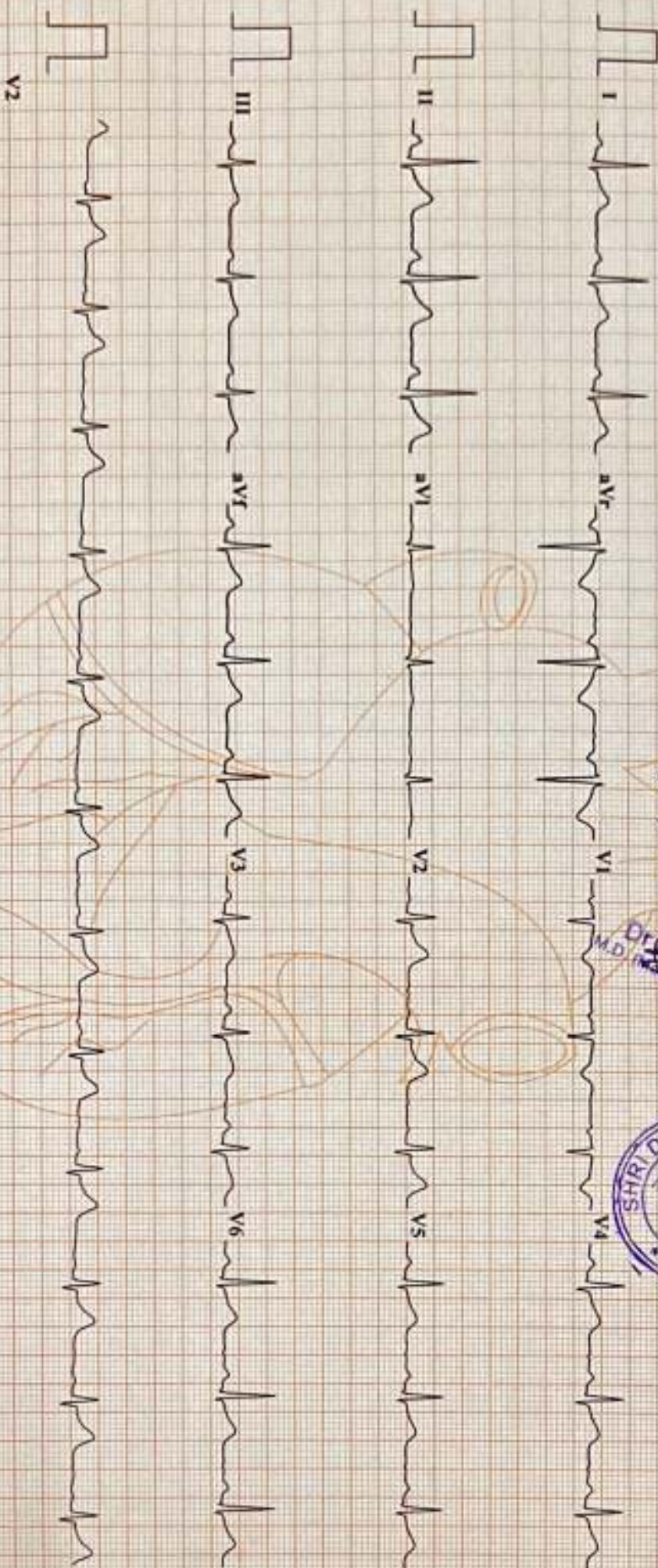
Linked Median

Speed : 25 mm/s

Sensitivity : 10 mm/mV

WXL

DR. RAKESH KUMAR
M.D. (General Medicine)



Filtered(35 Cycle) And Base Corrected

Info: GSM, India: 744-991-731 | 40009031, Fax: 491-731-401188 | E-Mail: emg@doctorindia.in | Web: www.vid-ecg.com, ECG Ver: 1.0.1

Dr.



Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	RAKESH KUMAR YADAV	Sex:	MALE
Lab. No:	202401101	Age:	54
Date:	4/11/2024	Ref. By	LIC

Test Name	SBT13	Unit	Normal Value
FBS	92	mg/dl	70 - 110
Total Cholesterol	180	mg/dl	120 - 220
High Density Lipid (HDL)	46	mg/dl	35-70
Low Density Lipid (LDL)	108	mg/dl	50 - 150
S. Triglycerides	128	mg/dl	25 - 160
S.Creatinine	0.9	mg/dl	0.7 - 1.4
Bool Urea Nitrogen (BUN)	14	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	0.6	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)	30	IU/L	5 - 40
SGPT(ALT)	42	IU/L	5 - 45
GGTP(GGT)	35	IU/L	11 - 50
S.Alkaline Phosphatase	102	IU/L	15 - 112
HIV 1&2 Elisa (Method)	NEGATIVE	-	NEGATIVE
HbsAg (Australia antigen)	NEGATIVE	-	NEGATIVE

HAEMATOLOGY

Test Name	Value	Unit	Normal Value
Hemoglobin (HB)	15.1	mg/dl	13.2 - 16.2 (M) 12.0 - 15.2 (F)



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:	RAKESH KUMAR YADAV	Sex:	MALE
Lab. No:	202401101	Age:	54
Date:	4/11/2024	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	2-3	0 -5 /HPF
RBCs	Nil	Nil /HPF
Crystals	Nil	Nil
Cast	Nil	Nil
Bacteria	Nil	Nil
Others	Nil	Nil



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:	RAKESH KUMAR YADAV	Sex:	MALE
Lab. No:	202401101	Age:	54
Date:	4/11/2024	Ref. By	LIC

HAEMATOLOGY

Test Name	Method	Value	Units
GLYCOSYLATED HEMOGLOBIN (HbA1c)	TURBIDOMETRY	5.4%	

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)

ANNEXURE II - 2

LIFE INSURANCE CORPORATION OF INDIA
COMPUTERISED TREADMILL TEST

Form No. LIC03 - 003

Zone _____ Division _____ Branch _____

Proposal No. _____

Agent/D.O. Code: _____ Introduced by: (name & signature) _____

Full Name of Life to be assured: _____

Age/Sex: _____

54/M Rakesh Kumar Yadav

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 of Thumb Impression of L.A.
Rakesh

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 _____

2024

Signature of L.A.
Rakesh

Signature of the Cardiologist
Name & Address
Qualification
Code
DR. RAJESH KUMAR
M.D. (General Medicine) F.NIC



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					83	126/84	104
	SITTING							
	STANDING					89	126/84	103
	HYPERVENTILATION					80	126/84	103
	WARM UP							
EXERCISE	STAGE 1	2.57	2.3	10	4.65	103	126/84	129
	STAGE 2	2.55	4	12	7.00	125	140/88	189
	STAGE 3							
	PEAK EXERCISE	2.38	5.4	14	9.65	154	142/102	249
RECOVERY	RECOVERY	0.29				129	142/102	202
	RECOVERY	2.55				92	144/82	132
	RECOVERY	7.58				94	126/84	115

The protocol used - BRUCE

Total Exercise Time - 8.38

Maximum Blood Pressure - 162/102

Maximum Workload - 9.65

Maximum heart rate 154 Maximum predicted heart rate 92 %

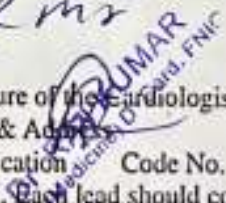
Reason for termination -

Comments: Negative infar RMI

Signature of the Cardiologist
Name & Address
Qualification Code No.

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

PAKESH KUMAR YADAV

TREADMILL TEST REPORT

ID : 104
 DATE : 04/11/2024
 AGE/SEX : 54/M
 HT/WT : 0 / 0
 REF. BY :

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	
SUPINE					83	126 / 84	104	4.3	2.9	3.9	
STANDING					82	126 / 84	103	2.5	-0.7	1.7	
HYPERVENT					82	126 / 84	103	1.7	-0.4	0.9	
Stage 1	2:55	0:14	2.7	10	103	126 / 84	129	1.6	-1.3	1	4.67
Stage 2	5:55	2:55		12	135	140 / 88	189	1.3	-0.3	-0.3	7.04
PK-EXERCISE	8:38	2:38	5.4	14	154	162 / 102	249	-0.1	-0.8	0.7	9.65
RECOVERY	9:15	0:29			129	162 / 102	208	2.5	1	0.3	
RECOVERY	11:41	2:55			92	144 / 90	132	0.3	-0.3	0.1	
RECOVERY	14:41	5:55			92	126 / 84	115	0.5	0	0.2	

RESULTS

EXERCISE DURATION : 8:38
 MAX HEART RATE : 154 bpm
 MAX BLOOD PRESSURE : 162 / 102 mm Hg
 REASON OF TERMINATION :
 BP RESPONSE :
 ARRHYTHMIA :
 H.R. RESPONSE :
 IMPRESSIONS :

MAX WORK LOAD

: 9.65 METS

*Negative for PMT
 says off to doctor*

DR. PAKESH KUMAR
 M.D. (Medicine) Card. Phys.



Technician :

SHRI DURGA HEALTH CARE

RAJESH KUMAR YADAV
 I.D. 104

Age 54/M
 Date 04/11/2024

RATE 83bpm
 B.P. 126/84

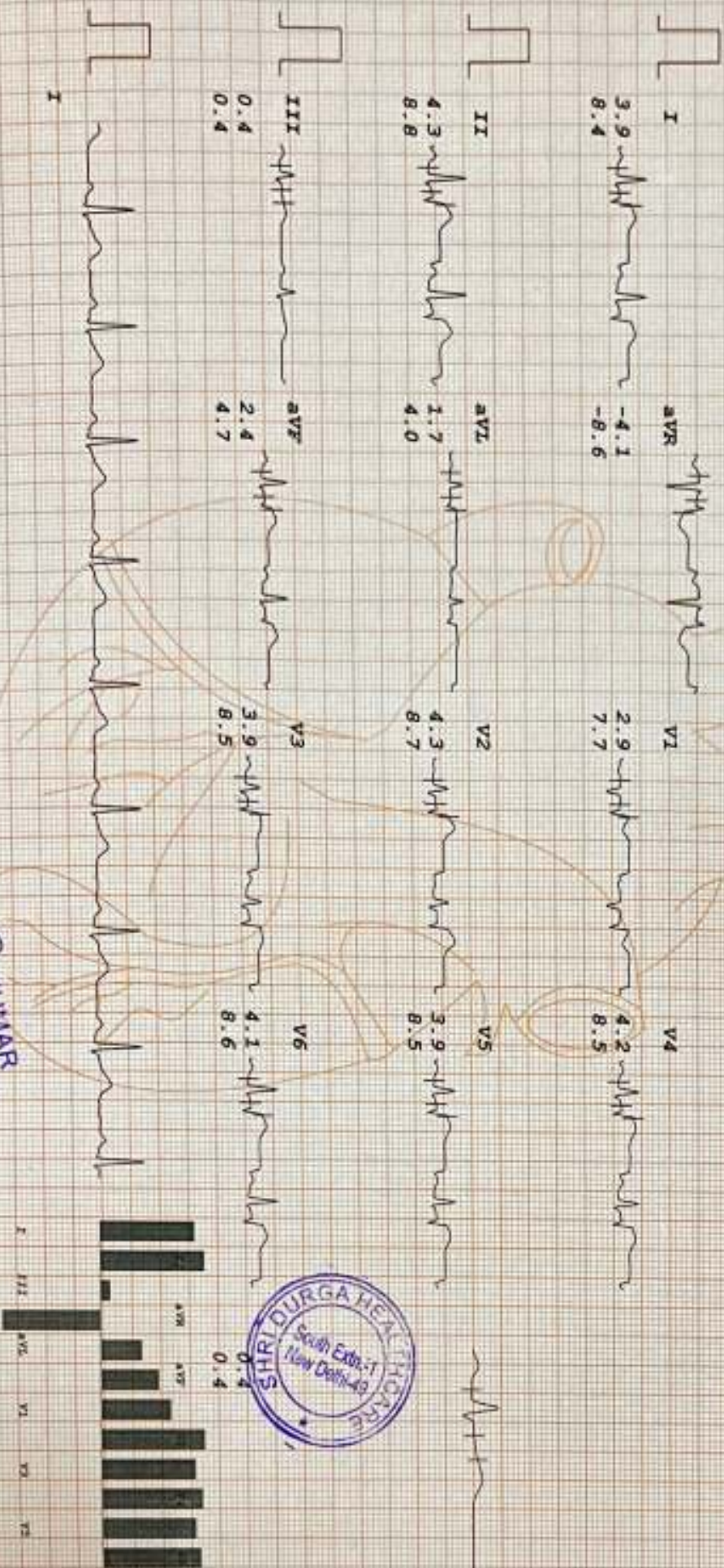
PRETEST
 SUPINE

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

III



DR. RAJESH KUMAR
 M.D. (Internal Medicine)
 Card. PHIC

SHRI DURGA HEALTH CARE

RAKESH KUMAR YADAV
I.D. 104

PRETEST
STANDING

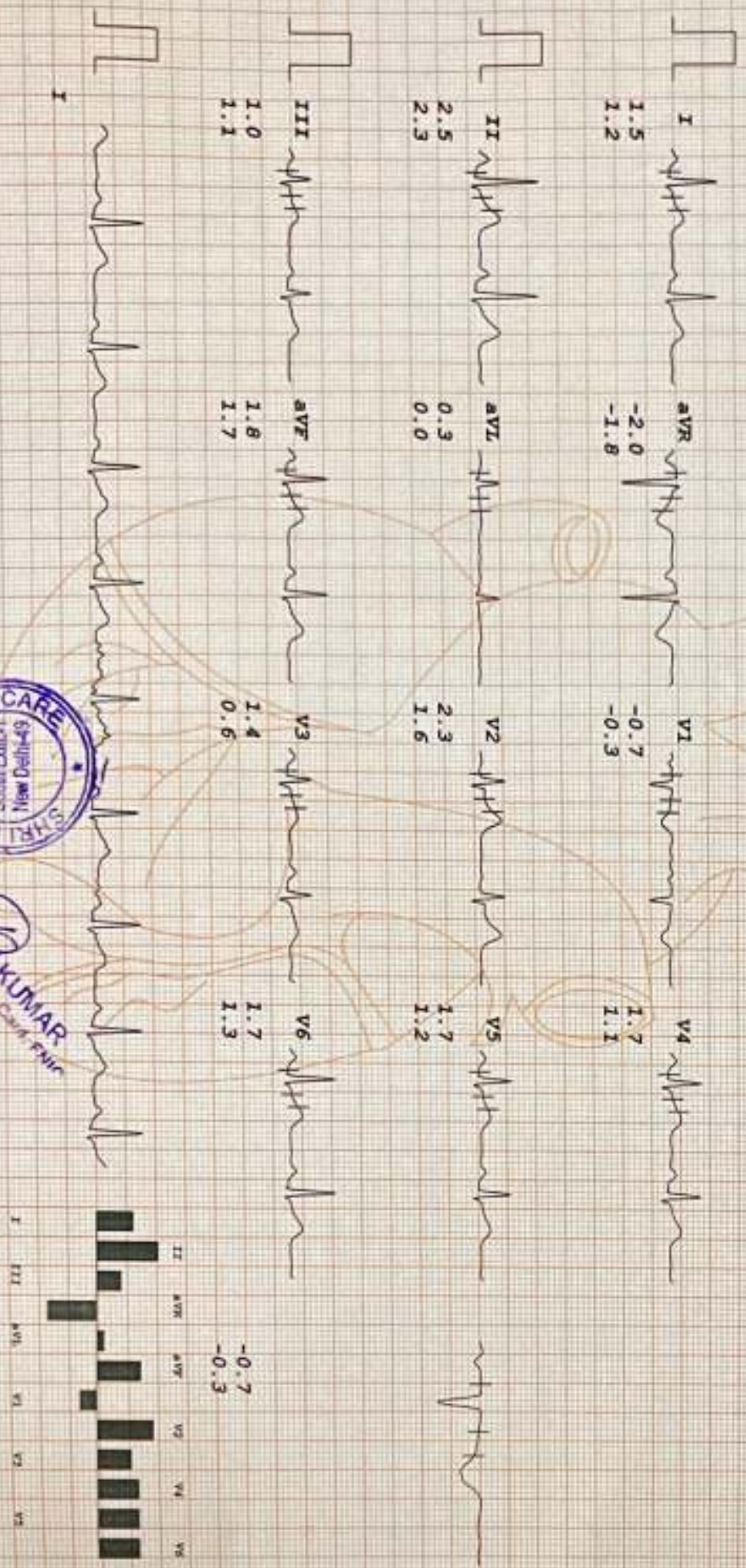
ST @ 10mm/mV
80ms PostJ

Age 54/M
Date 04/11/2024

RATE 82bpm
B.P. 126/84

LINKED MEDIAN

Mag. X 2



DR. RAKESH KUMAR
M.D. (Medicine), D. Card. F.N.B.

SHRI DURGA HEALTH CARE

RAKESH KUMAR YADAV
 I.D. 104
 Age 54/M
 Date 04/11/2024

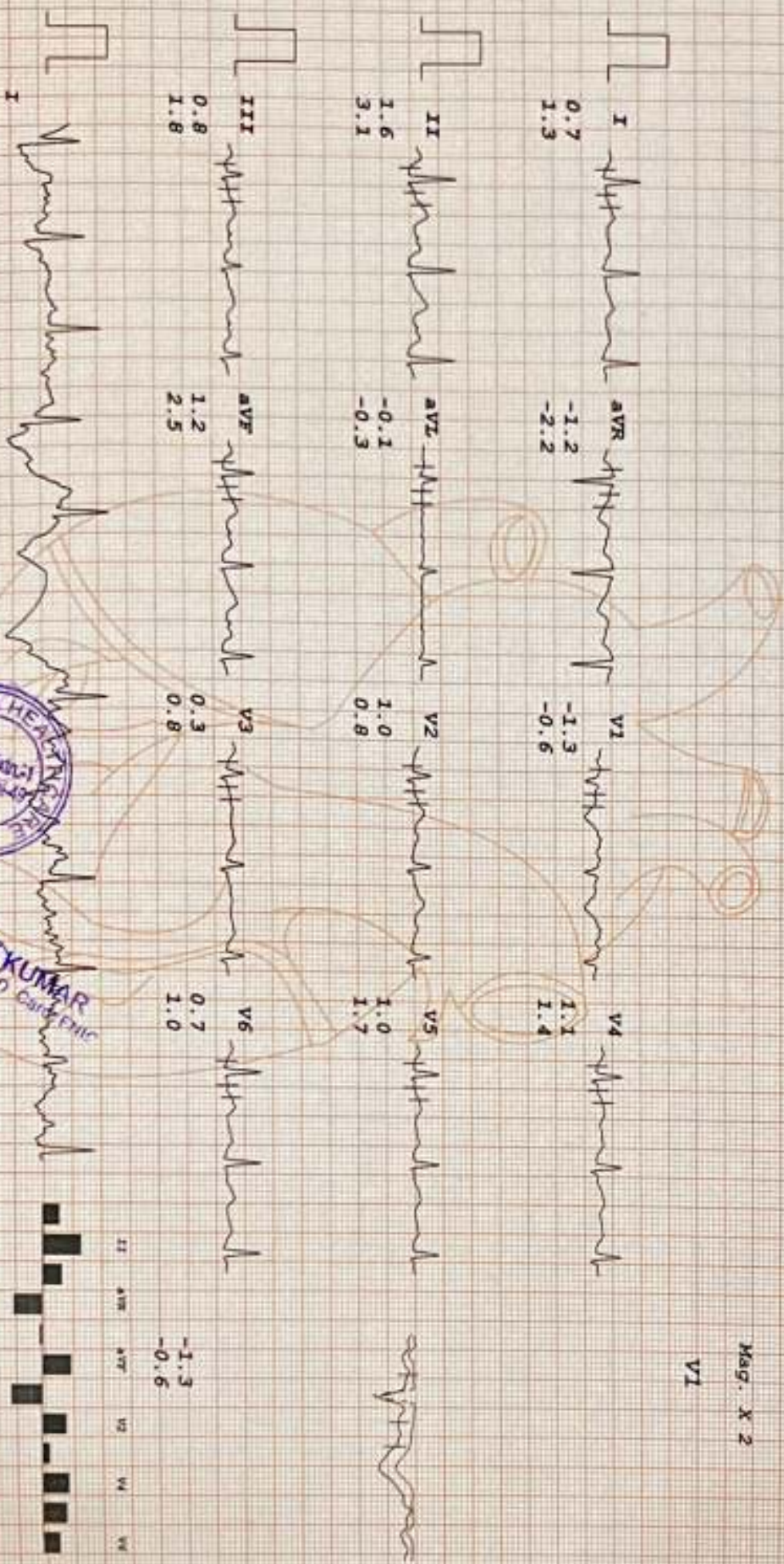
RATE 103bpm
 B.P. 126/84

Brucce
 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



DR. RAJKUMAR
 M.D. (General Medicine)
 Cardiac Clinic



SHRI DURGA HEALTH CARE

RAVESH KUMAR YADAV

I.D. 104

Age 54/M

Date 04/11/2024

RATE 154bpm

R.P. 162/102

Bruce

PN-EXERCISE

TOTAL TIME 8:38

PHASE TIME 2:38

ST @ 10mm/mV

80ms PostJ

Speed 5.4 km/hr

SLOPE 14 %

LINKED MEDIAN

Mag. X 2

V1



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

SHRI DURGA HEALTH CARE

RAJESH KUMAR YALAV

I.D. 104

Age 54/M

Date 04/11/2024

RATE 92bpm

H.P. 144/90

Bruce

RECOVERY

TOTAL TIME 11:41

PHASE TIME 2:55

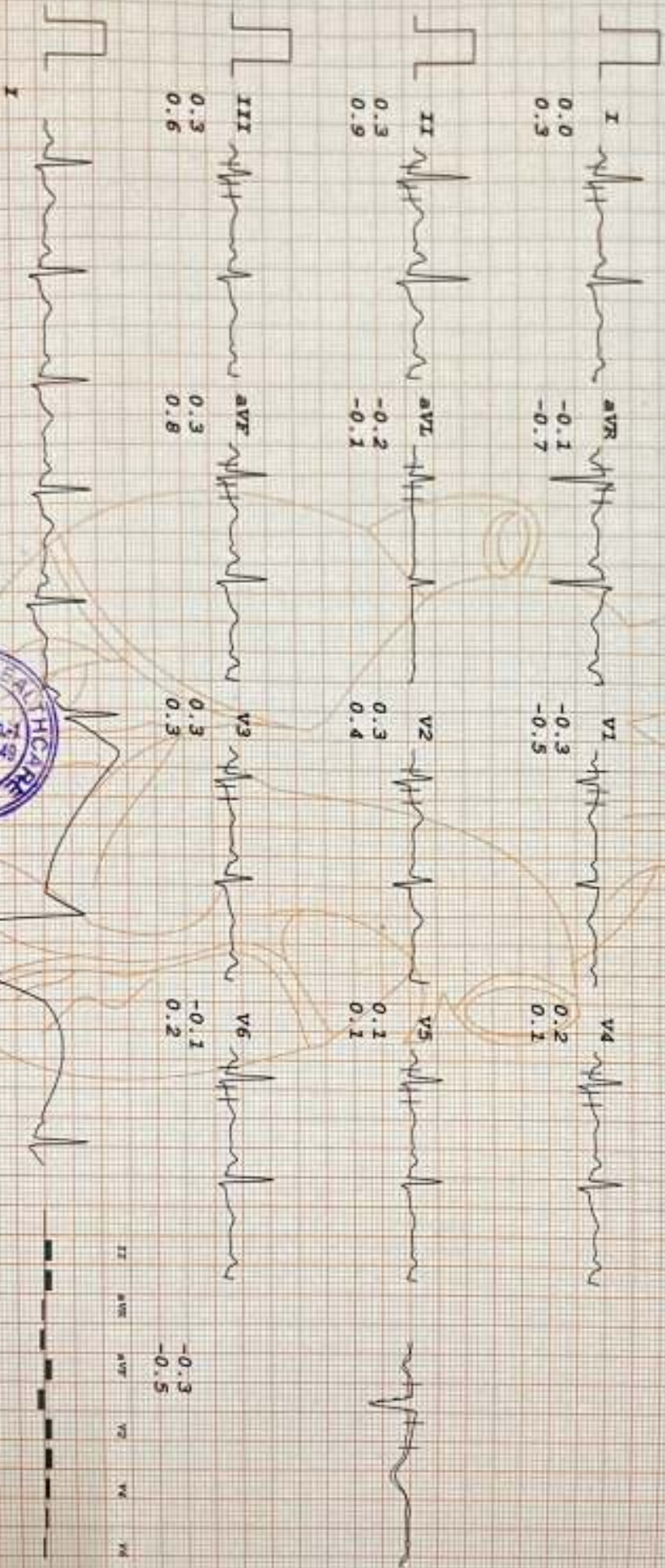
ST @ 10mm/mV

80ms Pcty

LINKED MEDIAN

Mag. X 2

V1



Dr. RAJESH KUMAR
M.D. (Internal Medicine) Card-F.N.C.

SHRI DURGA HEALTH CARE

RAKESH KUMAR YADAV
 I.D. 104
 Age 54/M
 Date 04/11/2024

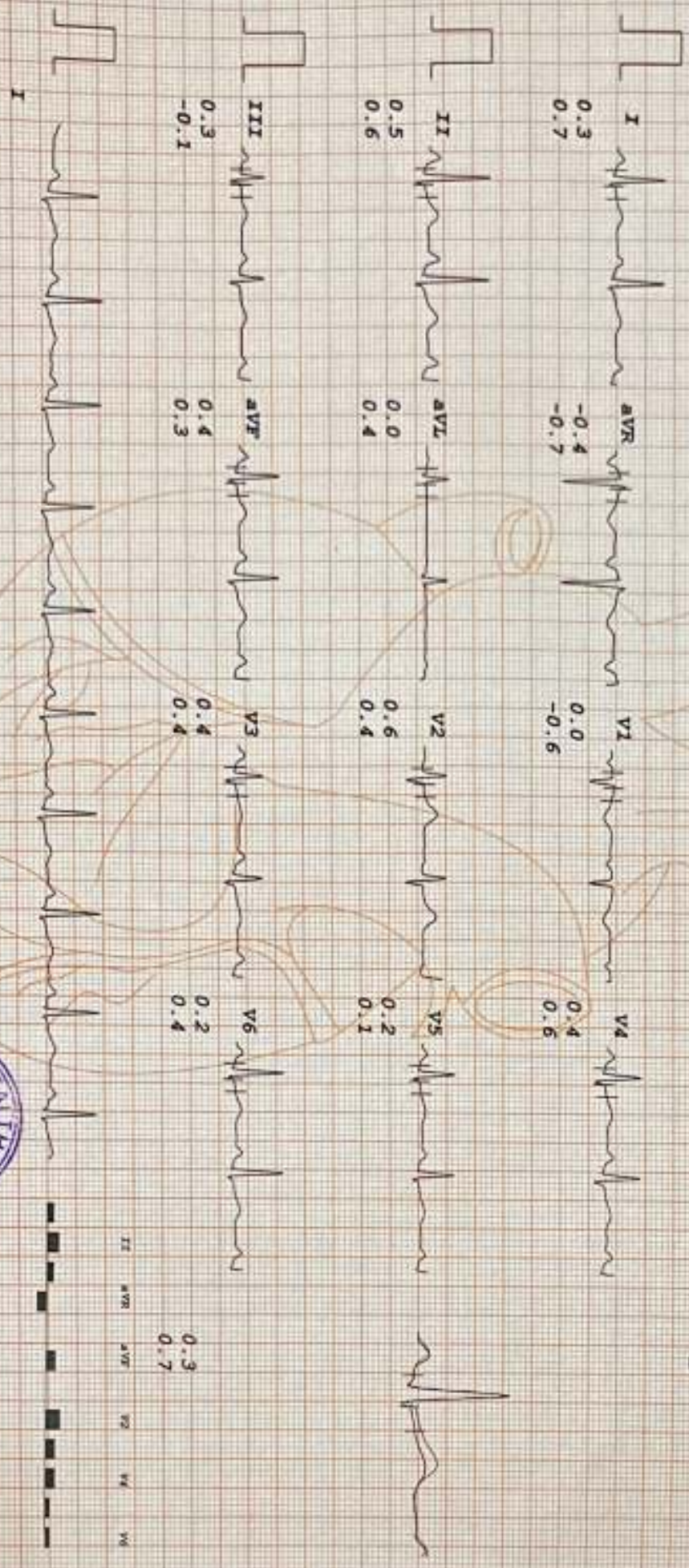
RATE 92bpm
B.P. 126/84

Bruce RECOVERY
TOTAL TIME 14:41
PHASE TIME 5:55

ST @ 10mm/mV
80ms Paper

LINKED MEDIAN

Mag. X 2



Dr. RAJ KUMAR
 M.D. (Medicine) & Pain Exp.



sdurga HEALTHCARE
(CHAUDHARY DURGA SINGH)
HEALTHCARE PRIVATE LIMITED

DR. SEEMA K
DR. SIDDHARTH
DR. POOJA



Dr. MAHESH PAL
MBBS. (MD)

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°

04/11/24 10:15 AM GMT +05:30