





: Mr.YANDAMURI SATYASAITEJA Patient Name

Age/Gender : 34 Y 7 M 20 D/M UHID/MR No : CNIZ.0000127246 Visit ID : CNIZOPV203746

Ref Doctor

Emp/Auth/TPA ID : 22E29763 Collected : 27/Jul/2024 08:55AM Received : 27/Jul/2024 11:27AM

Reported : 27/Jul/2024 01:14PM

: Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

Status

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
IEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.7	g/dL	13-17	Spectrophotometer
PCV	41.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.44	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	76.3	fL	83-101	Calculated
MCH	25.2	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	15	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,240	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	51	%	40-80	Flow cytometry
LYMPHOCYTES	37	%	20-40	Flow cytometry
EOSINOPHILS	4	%	1-6	Flow cytometry
MONOCYTES	8	%	2-10	Flow cytometry
BASOPHILS	0	%	0-2	Flow cytometry
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3692.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2678.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	289.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	579.2	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.38		0.78- 3.53	Calculated
PLATELET COUNT	277000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
ERIPHERAL SMEAR				

RBC- MICROCYTIC HYPOCHROMIC.

WBC WITHIN NORMAL LIMITS

PLATELETS ARE ADEQUATE ON SMEAR

NO HEMOPARASITES SEEN

IMPRESSION: MICROCYTIC HYPOCHROMIC







SIN No:CPT240702210

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad



Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Plot no. 3 & 4, Survey no. 239 Qutbullapur mandal, R R Dist., Nizampet , Hyderabad, Telangana, India - 500072









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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324



Page 2 of 11

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COLLEGE of AMERICAN PATHOLOGISTS



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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACT	OR , WHOLE BLOOD EDTA			
BLOOD GROUP TYPE	0			Microplate technology
Rh TYPE	Positive			Microplate technology

Dr.R.SHALINI M.B.B.S, M.D(Pathology) Consultant Pathologist

SIN No:CPT240702210





www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

Address: Plot no. 3 & 4, Survey no. 239 Qutbullapur mandal, R R Dist., Nizampet , Hyderabad, Telangana, India - 500072









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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	98	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- 1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- 2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WH	IOLE BLOOD EDTA	'		<u>'</u>
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %		
NON DIABETIC	<5.7		
PREDIABETES	5.7 - 6.4		
DIABETES	≥ 6.5		
DIABETICS			
EXCELLENT CONTROL	6 – 7		
FAIR TO GOOD CONTROL	7 – 8		
UNSATISFACTORY CONTROL	8 – 10		
POOR CONTROL	>10		

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

- 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- 4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- 5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF > 25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

M.B.B.S, M.D(Pathology) Consultant Pathologist





Dr.E.Maruthi Prasad PhD (Biochemistry)

Apol Consultant biochemist OTG2000PLC115819)

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Chromatogram Report

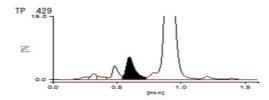
HLC723G8 2024-07-27 12:34:56 V5. 28 1 CPT240702212 SI 0003 - 08 Sample No. 07270065 Patient ID

Comment

CALIB	Y	=1. 1639X	+ 0.5319
Name	%	Time	Area
A1A	0.4	0. 25	8. 82
A1B	0.6	0.32	13. 42
F	0.5	0.39	10.90
LA1C+	1.8	0.48	39. 45
SA1C	5.4	0.60	91. 28
AO	92.9	0.90	1994. 43
H-VO			
H-V1			
H-V2			

HbA1c 5.4 %

Total Area 2158.30 IFCC 35 mmol/mol



27-07-2024 12:34:56 APOLLO

APOLLO DIAGNOSTICS GLOBAL

1/1

Mush

M.B.B.S, M.D (Pathology) Consultant Pathologist





Dr.E.Maruthi Prasad PhD (Biochemistry)

Apol Consultant biochemist OTG2000PLC115819)

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: 27/Jul/2024 12:06PM

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: 27/Jul/2024 12:44PM

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	50.00	U/L	<55	IFCC







SIN No:CPT240702209









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Received

: 27/Jul/2024 12:02PM

Reported : 27/Jul/2024 02:24PM Status : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result Unit		Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH),	SERUM	<u>'</u>		
TRI-IODOTHYRONINE (T3, TOTAL)	1.21	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	14.05	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.186	μIU/mL	0.38-5.33	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)		
First trimester	0.1 - 2.5		
Second trimester	0.2 - 3.0		
Third trimester	0.3 - 3.0		

- **1.** TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- **2.** TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- **3.** Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- **4.** Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions	
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis	
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.	
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism	
Low	High	High	High	rimary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy	
Low	N	N	N	ıbclinical Hyperthyroidism	
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism	
Low	N	High	High	Thyroiditis, Interfering Antibodies	
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes	







SIN No:CPT240702214











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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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B. Pavani Dr B Pavani M.B.B.S,M.D(Pathology) Consultant Pathologist Page 9 of 11

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Received Reported

Sponsor Name

Unit

: 27/Jul/2024 12:44PM : 27/Jul/2024 01:38PM

Status : Final Report

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: ARCOFEMI HEALTHCARE LIMITED

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Pasult

lest name	Result	Unit	Bio. Ref. Range	wethod
COMPLETE URINE EXAMINATION (CUE) , URINE			<u>'</u>
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Physical measuremen
TRANSPARENCY	CLEAR		CLEAR	Physical measuremen
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.014		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION	<u>'</u>			<u>'</u>
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1- 1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	1		
PUS CELLS	1	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Automated Image Based Microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	ABSENT	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	ABSENT	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.







SIN No:CPT240702213

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

*** End Of Report ***

Result/s to Follow:

LIPID PROFILE, RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), PERIPHERAL SMEAR, LIVER FUNCTION TEST (LFT), GLUCOSE (FASTING) - URINE, GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL), GLUCOSE (POST PRANDIAL) - URINE







SIN No:CPT240702213



: Mr. YANDAMURI SATYASAITEJA

UHID

: CNIZ.0000127246

Printed On

: 27-07-2024 05:34 AM

Department

: Radiology

Referred By Employeer Id : --

: 22E29763

Age

: 34Yrs 7Mths 21Days

OP Visit No.

: CNIZOPV203746

Advised/Pres Doctor : --

Qualification

: --

Registration No.

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

IMPRESSION:

No obvious abnormality seen

For clinical correlation.

---End Of The Report---

DR. P SATISH KUMAR **RADIOLOGY**

Radiology



: Mr. YANDAMURI SATYASAITEJA

UHID : CNIZ.0000127246

Printed On

: 27-07-2024 06:10 AM

Department

: Radiology

Referred By Employeer Id : --

: 22E29763

Age

: 34Yrs 7Mths 21Days

OP Visit No.

: CNIZOPV203746

Advised/Pres Doctor : --

Qualification

Registration No.

: --

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys:

Right kidney: 101 x 42 mm

Left kidney: 108 x 47 mm

Both Kidneys are appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate: Volume - 19 cc, is normal in size and echo texture. No evidence of necrosis/calcification seen.

IMPRESSION:-



No significant abnormality detected.

Suggest - clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation

finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

---End Of The Report---

DR. P SATISH KUMAR RADIOLOGY

Radiology

Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Fri 7/26/2024 11:58 AM

To:satyasaiteja.yandamuri@bankofbaroda.com <satyasaiteja.yandamuri@bankofbaroda.com>
Cc:Nizampet Apolloclinic <nizampet@apolloclinic.com>;Tushar Agarwal <tushar.agarwal@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear MR. YANDAMURI SATYASAITEJA,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **NIZAMPET clinic** on **2024-07-27** at **08:30-08:45**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

- 1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- 2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
- 3. Please bring all your medical prescriptions and previous health medical records with you.
- 4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.

2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: THE APOLLO CLINIC, PLOT NO. 3 & 4, SURVEY NO. 239 QUTBULLAPUR MANDAL, R R DIST., NIZAMPET, HYDERABAD - ANDHRA PRADESH.

Contact No: (040) 4007 8444 - 45 - 46.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards, Apollo Clinic