

Patient Name : Mr.MANIKUMARA	Collected : 03/Jun/2023 08:24AM
Age/Gender : 38 Y 0 M 24 D/M	Received : 03/Jun/2023 10:43AM
UHID/MR No : CMYS.0000056771	Reported : 03/Jun/2023 01:28PM
Visit ID : CMYSOPV114213	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 941483821785	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

-



SIN No:BED230128311

Patient Name : Mr.MANIKUMARA	Collected : 03/Jun/2023 08:24AM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	15.4	g/dL	13-17	Spectrophotometer
PCV	45.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.32	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	86	fL	83-101	Calculated
MCH	28.9	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	12.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,000	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	52.6	%	40-80	Electrical Impedence
LYMPHOCYTES	37.9	%	20-40	Electrical Impedence
EOSINOPHILS	4.1	%	1-6	Electrical Impedence
MONOCYTES	4.5	%	2-10	Electrical Impedence
BASOPHILS	0.9	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3682	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2653	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	287	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	315	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	63	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	208000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	04	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

R.B.C: Majority are normocytic normochromic.
W.B.C: Are normal in number,morphology and distribution.
Platelets: Adequate and are seen in singles and clumps.
Hemoparasites: Not seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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APOLLO CLINICS NETWORK

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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



SIN No:BED230128311

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Age/Gender : 38 Y 0 M 24 D/M	Received : 03/Jun/2023 01:35PM
UHID/MR No : CMYS.0000056771	Reported : 03/Jun/2023 03:07PM
Visit ID : CMYSOPV114213	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	113	mg/dL	70-100	GOD - POD
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Comment:

As per American Diabetes Guidelines

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	138	mg/dL	70-140	GOD - POD
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Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	111	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	271	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	280	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	37	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	234	mg/dL	<130	Calculated
LDL CHOLESTEROL	178	mg/dL	<100	Calculated
VLDL CHOLESTEROL	56	mg/dL	<30	Calculated
CHOL / HDL RATIO	7.32		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



SIN No:SE04386635

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.90	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	39	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	33.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	76.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.50	g/dL	6.3-8.2	Biuret
ALBUMIN	4.50	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.5		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.20	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	34.60	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	16.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.00	mg/dL	3.5-8.5	Uricase
CALCIUM	9.20	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.5-4.5	PMA Phenol
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	71.00	U/L	15-73	Glycylglycine Nitoranalide



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.01	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.35	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.190	µIU/mL	0.35-4.94	CMIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

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



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Visit ID	: CMYSOPV114213	Status	: Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Dipstick

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UR2122336



ಭಾರತ ಸರ್ಕಾರ
Government of India

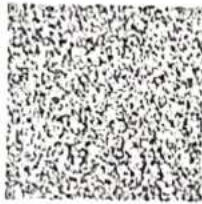
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Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ Enrolment No.: 1020/22969/15820

Download Date: 09/12/2020

To
ಮನುಮಾರ
Manikumara
S/O Prakasha
#39
Deburu Post, Kasaba Hobli, Nanjangud Taluk
Byaluru Grama
Byaluru
Debur
Mysuru Karnataka - 571314
9890647853

Issue Date: 10/06/2017



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9414 8382 1785

VID : 9113 3225 0706 1319

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಮನುಮಾರ
Manikumara
ಜನ್ಮ ದಿನಾಂಕ DOB: 10/06/1985
ಪುರುಷ MALE

Download Date: 09/12/2020

Issue Date: 10/06/2017

9414 8382 1785

VID : 9113 3225 0706 1319

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Government of India



ಮಾಹಿತಿ

- ಆಧಾರ್ ಗುರುತಿನ ಪರಾವರ್ತಕವೇ ಹೊರತು ಪೌರತ್ವದಲ್ಲ
- ಸುರಕ್ಷಿತ ಕ್ಯೂಆರ್ ಕೋಡ್/ಆಫ್ಲೈನ್ XML/ಆನ್ಲೈನ್ ದೃಶೀಕರಣ ಬಳಸಿ ಗುರುತನ್ನು ಪರಿಶೀಲಿಸಿ
- ಎಲೆಕ್ಟ್ರಾನಿಕ್ ಪ್ರಕ್ರಿಯೆ ಮೂಲಕ ಮುದ್ರಿತವಾದ ಎಡ್ಯುನ್ಯಾನ್ ರಾಖಲ ಇರಲಾಗಿದೆ

INFORMATION

- Aadhaar is a proof of identity, not of citizenship
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication
- This is electronically generated letter

- ಆಧಾರ್ ದೇಶವ್ಯಾಪಕವಾಗಿ ಮಾನ್ಯತೆಯನ್ನು ಪಡೆಯಿದೆ
- ಸುಲಭವಾಗಿ ಸರ್ಕಾರಿ ಹಾಗೂ ಸರ್ಕಾರೇತರ ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು ಆಧಾರ್ ಸಹಾಯವಾಗಲಿದೆ
- ನಿಮ್ಮ ಮೊಬೈಲ್ ಸಂಖ್ಯೆ ಮತ್ತು ಇ-ಮೇಲ್ ಐಡಿ ಅನ್ನು ಆಧಾರ್ ಪರಿ ನವೀಕರಿಸಿ
- ಆಧಾರ್ ನ್ನು ನಿಮ್ಮ ಸ್ಮಾರ್ಟ್ ಫೋನ್ ಪರಿ ಕೊಂಡೊಯ್ಯಿರಿ- mAadhaar ಅಪ್ಲಿಕೇಶನ್ ಬಳಸಿ

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- Carry Aadhaar in your smart phone - use mAadhaar App

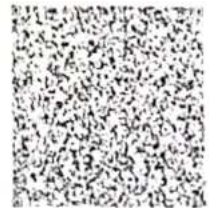


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Unique Identification Authority of India



ವಿವರ:
ಹೆಸರು: ಮನುಮಾರ
ನಿಮ್ಮ ದೇಶವ್ಯಾಪಕವಾಗಿ ಮಾನ್ಯತೆಯನ್ನು ಪಡೆಯಿದೆ
ಸುಲಭವಾಗಿ ಸರ್ಕಾರಿ ಹಾಗೂ ಸರ್ಕಾರೇತರ ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು ಆಧಾರ್ ಸಹಾಯವಾಗಲಿದೆ
ನೋಂದಣಿ ಸಂಖ್ಯೆ: 1020/22969/15820
ಸಂಖ್ಯೆ: 9414 8382 1785

Address
S/O Prakasha, #39, Byaluru Grama, Deburu Post, Kasaba Hobli, Nanjangud Taluk, Byaluru, Mysuru Karnataka - 571314



9414 8382 1785

VID : 9113 3225 0706 1319

1447 | help@uidai.gov.in | www.uidai.gov.in

Fwd: Your Apollo order has been confirmed

mani kumar <manikumar.prakash@gmail.com>

Sat 03-06-2023 08:17

To: Mysore Apolloclinic <mysore@apolloclinic.com>

----- Forwarded message -----

From: <noreply@apolloclinics.info>

Date: Wed, May 31, 2023, 8:54 PM

Subject: Your Apollo order has been confirmed

To: <manikumar.prakash@gmail.com>

Cc: <mysore@apolloclinic.com>, <mkt.mysore@apolloclinic.com>,

<syamsunder.m@apollohl.com>

Dear MANIKUMARA .,

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **KALIDASA RAOD clinic** on **2023-06-03** at **08:10-08:15**.

Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324]

"In view of corona virus precautionary measures, you are requested to take a mandatory check for symptoms & self-declaration at centre. Please cooperate. Thank you."

NOTE: We are not providing the breakfast in view of corona virus. And that customers on their own should carry their breakfast.

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 undergo 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 medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.

Date : 03-06-2023
MR NO : CMYS.0000056771
Name : Mr. MANIKUMARA
Age/ Gender : 38 Y / Male

Department : GENERAL
Doctor : ROHITH.H.K.
Registration No :
Qualification :

Consultation Timing: 08:21

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :


General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Pt can for Annual Health check up
No fresh complaints
No h/o DM, HTN.

Advice:

- Diet & Lifestyle modification


3/5

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Follow up date :

Doctor Signature

Date : 03-06-2023
MR NO : CMYS.0000056771

Department : GENERAL
Doctor :

Name : Mr. MANIKUMARA

Registration No :

Age/ Gender : 38 Y / Male

Qualification :

Consultation Timing: 08:21

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

	<u>Rt eye</u>	<u>Lt eye</u>
Distance	6/6	6/6
Reflex	NG	NG
Colour Vm	Normal	Normal

Apollo Clinic
23, 1st Floor,
Kalldasa Road, Mysore - 02
Ph : 0821-4006040/41

Follow up date :

Doctor Signature

Patient Name	: Mr. MANIKUMARA	Age	: 38 Y M
UHID	: CMYS.0000056771	OP Visit No	: CMYSOPV114213
Reported on	: 03-06-2023 16:09	Printed on	: 03-06-2023 16:09
Adm/Consult Doctor	:	Ref Doctor	: SELF

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 :NORMAL STUDY.

Pradeep

Printed on:03-06-2023 16:09

---End of the Report---

Dr. PRADEEP KUMAR C N
MBBS DNB(RADIOLOGY)
Radiology

Apollo Health and Lifestyle Limited

REGD. OFFICE: 110/60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
Ph. No.: (040) 4934 7777 | Fax No.: 4934 7744 | E-mail ID: enquiry@apollohlt.com | www.apollohlt.com

APOLLO CLINICS NETWORK KARNATAKA

Bangalore | Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli |
Koramangala | Sarjapur Road | **Mysore** | VV Mohalla

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Page 1 of 1

MR MANIKUMARA

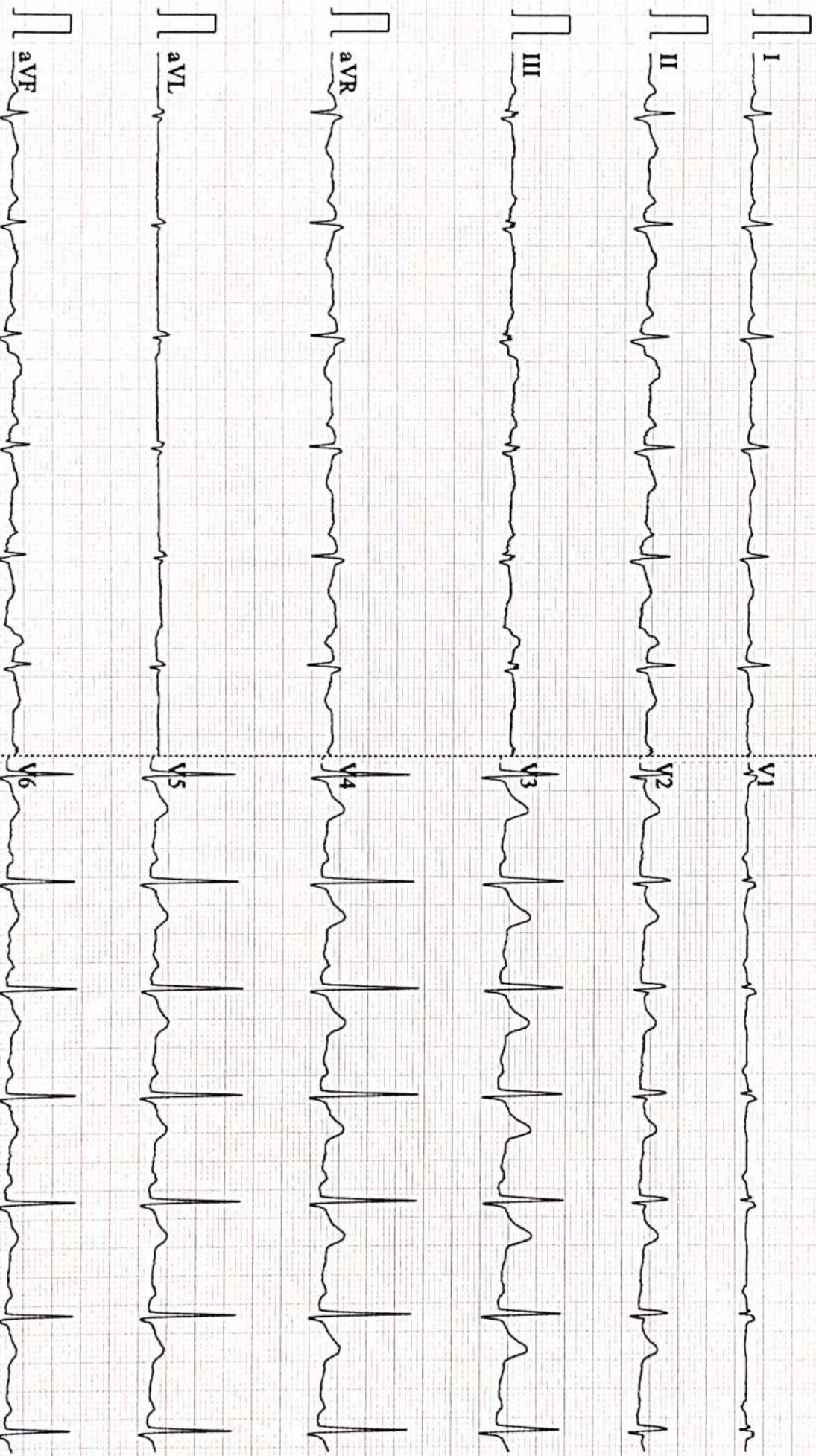
Male 38Years

173cm 75kg 100/70 mmHg

Diagnosis Information:

Unconfirmed Report.

Apollo Clinic
23, 1st Floor,
Kallidasa Road, Mysore - 02
Ph : 0821-4006040/41



Patient Name : Mr. MANIKUMARA

Age/Gender : 38 Y/M

UHID/MR No. : CMYS.0000056771

OP Visit No : CMYSOPV114213

Sample Collected on :

Reported on : 03-06-2023 16:09

LRN# : RAD2013045

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 941483821785

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

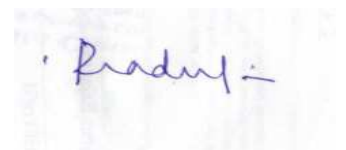
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Thoracic wall and soft tissues appear normal.

IMPRESSION :NORMAL STUDY.



Dr. PRADEEP KUMAR C N
MBBS DNB(RADIOLOGY)
Radiology

Name: Mr. MANIKUMARA
Age/Gender: 38 Y/M
Address: MYSORE
Location: MYSORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: MYSORE_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SABAH JAVED

MR No: CMYS.0000056771
Visit ID: CMYSOPV114213
Visit Date: 03-06-2023 08:21
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: **For Corporate Health Checkup,**

Present Known Illness

Diabetes Mellitus: **No History of Diabetes Mellitus,**

Hypertension: **No History of Hypertension,**

Heart disease: **No History of Ischeamic Heart Disease,**

Asthma: **No History of Bronchali Asthma,**

SYSTEMIC REVIEW

****Weight**

--->: **Stable,**

Number of kgs: **67.2,**

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: **Nil Significant,**

Cancer: **NIL,

PHYSICAL EXAMINATION

PHYSICAL EXAMINATION

Constitutional: **Normal ,**

Eyes: **Normal ,**

ENT: **Normal ,**

Cardiovascular: **Normal ,**

Respiratory: **Normal ,**

Gastrointestinal: **Normal ,**

Genitourinary: **Normal ,**

Musculoskeletal: **Normal ,**

Integumentary: **Normal ,**

Neurological: **Normal** ,

Psychiatric: **Normal** ,

Endocrine: **Normal** ,

Hematologic/Lymphatic/Immuno: **Normal** ,

Allergic/Immunologic: **Normal** ,

SYSTEMIC EXAMINATION

IMPRESSION

ECG

: **NORMAL**,

X-Ray

: **NORMAL**,

RECOMMENDATION

Fitness Report

Fitness.: **YES**,

DISCLAIMER

Disclaimer: **The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,**

Doctor's Signature