

Gr. Nageswari

- (1) OPD paper
- (2) Treating doctor certificate regarding necessity of admission
- (3) ICP sheet — ~~the~~ Pdf copy provided
- (4) ID Proof — Aadhar
- (5) NT ProbnP — ~~It is~~ outsour Received test result from outsourcing Lab. Hospital receive the lab report in mail. so i received as Pdf. I have sent the same.
- (6) Treating doctor advice for rs 4450/- : Attached (Madha Health cover)

HH982400027



QR.

			CLAIM NO.		
<b>REIMBURSEMENT CLAIM - CHECK LIST</b>					
CORPORATE NAME	Digital.ai Software India Private Limited		EMP NO	DIGI - 8 - 018	
POLICY NO.	<b>H1051372</b>				
PATIENT STAR ID NO					
EMPLOYEE NAME	NAGESWARI GANAPATHY				
PATIENT NAME	G. LAKSHMI				
DATE OF ADMISSION	MAY 20, 2023 01:39 PM		DATE OF DISCHARGE	MAY 22 2023 9:13 PM	
EMAIL ID	nageswari-ganapathy@digital.ai		MOBILE NO	9845439110	
CLAIM TYPE	MAIN CLAIM	PRE & POST	QUERY REPLY	DISALLOWED SHORT FALL	
<b>CLAIM DOCUMENTS SUBMITTED</b>					
Claim Form Dully SIGNED by EMPLOYEE - PART - A	YES	NO			
Claim Form Dully SIGNED by HOSPITAL - PART - B	YES	NO			
HOSPITAL - FINAL BILL	YES	NO			
HOSPITAL - FINAL BILL - BREAK-UP	YES	NO			
PAYMENT RECEIPTS	YES	NO			
ORIGINAL DISCHARGE SUMMARY	YES	NO			
PHARMACY BILLS WITH PRESCRIPTIONS	YES	NO			No. of Bills
INVESTIGATION REPORTS	YES	NO			No. of Pages
X-RAY / CT / MRI SCAN FILMS / ECG	YES	NO			No. of Films
FOR MATERNITY CLAIM ATTACH 9th MONTH ULTRASOUND SCAN REPORT XEROX	YES	NO			
In cases of accidents, MEDICO LEGAL CERTIFICATE (MLC) and / or FIR	YES	NO			
PAN CARD - IF CLAIM AMOUNT IS ABOVE 1 LAKH	YES	NO			
CANCELLED CHEQUE LEAF	EMP NEFT	CORP NEFT			
OTHERS - (If any pls mention)					
PLEASE NOTE ALL DOCUMENTS SHOULD BE IN ORIGINAL (KINDLY TAKE XEROX COPY BEFORE SUBMITTING THE ORIGINAL DOCUMENTS)					



CLAIM FORM FOR HEALTH INSURANCE POLICIES OTHER THAN TRAVEL AND PERSONAL ACCIDENT - PART A  
TO BE FILLED IN BY THE INSURED  
The issue of this Form is not to be taken as an admission of liability

IRDAI License No. 008

DETAILS OF PRIMARY INSURED:

(To be filled in block letters)

a) Policy No: H1051372 b) SI. No./Certificate No:   
c) Company/TRA ID No:   
d) Name: NAGESWART GANAPATHY   
e) Address: A101, SAMHITHA SAROVAR, HIRAMAYU AGARA LAKE  
HORAMAYU  
City: BANGALORE State: KARNATAKA  
Pin Code: 560043 Phone No: 9845439110 Email ID: nageswari-ganapathy

DETAILS OF INSURANCE HISTORY:

a) Currently covered by any other Mediclaim/Health Insurance: ☐ Yes ☒ No b) Date of commencement of first insurance without break:   
c) If yes, company name:   
Sum Insured (Rs.):   
d) Have you been hospitalized in the last four years since inception of the contract? ☐ Yes ☒ No Date:   
Diagnosis:   
e) Previously covered by any other Mediclaim/Health Insurance: ☐ Yes ☒ No  
f) If yes, Company Name:   
DETAILS OF INSURED PERSON HOSPITALIZED:

a) Name: A. LAKSHMI b) Gender: Male ☐ Female ☒ c) Age: Years 66 Months 05 d) Date of Birth: 15/04/58  
e) Relationship to Primary Insured: Self ☐ Spouse ☐ Child ☐ Father ☐ Mother ☒ Other ☐ (Please Specify)   
f) Occupation: Service ☐ Self Employed ☐ Homemaker ☒ Student ☐ Retired ☐ Other ☐ (Please Specify)   
g) Address (if different from above):   
City:   
State:   
Pin Code:   
Phone No:   
Email ID:   
DETAILS OF HOSPITALIZATION:

a) Name of Hospital where Admitted: SUNRISE HOSPITAL b) Room Category occupied: Day care ☐ Single occupancy ☒ Twin sharing ☐ 3 or more beds per room   
c) Hospitalization due to: Injury ☐ Illness ☒ Maternity ☐ d) Date of injury/Date Disease first detected/Date of Delivery:   
e) Date of Admission: 20/05/23 f) Time: 01:39 g) Date of Discharge: 22/05/23 h) Time: 09:13  
i) If injury give cause: Self inflicted ☐ Road Traffic Accident ☐ Substance Abuse (Alcohol Consumption) ☐ j) If Medico legal: ☐ Yes ☒ No  
k) Reported to police: ☐ Yes ☒ No l) MLC Report & Police FIR attached: ☐ Yes ☒ No m) System of Medicine:   
DETAILS OF CLAIM:

a) Details of the treatment expenses claimed:   
i. Pre-Hospitalization Expenses: Rs. 4450 ii. Hospitalization Expenses: Rs. 29453  
iii. Post-Hospitalization Expenses: Rs. 219 iv. Health-Check up Cost: Rs.   
v. Others (code):   
Total Rs.   
vi. Pre-Hospitalization period: Days   
vii. Post-Hospitalization period: Days   
b) Claim for Domiciliary Hospitalization: ☐ Yes ☒ No (If yes, provide details in annexure)   
c) Details of Lump sum / cash benefit claimed:   
i. Hospital Daily Cash: Rs.   
ii. Critical Illness Benefit: Rs.   
iii. Pre/Post Hospitalization: Rs.   
Lump sum benefit: Rs.   
iv. Surgical Cash: Rs.   
v. Convalescence: Rs.   
vi. Others:   
Total Rs. 34123  
Claim Documents Submitted - Check List:   
☐ Claim Form duly signed  
☐ Copy of the claim intimation, if any  
☐ Hospital Main Bill  
☐ Hospital Break-up Bill  
☐ Hospital Bill Payment Receipt  
☐ Hospital Discharge Summary  
☐ Pharmacy Bill  
☐ Operation Theatre Notes  
☐ ECG  
☐ Doctor's request for investigation  
☐ Investigator Reports (including CT/MRI/USG/PPS)  
☐ Doctor's Prescriptions  
☐ Others

DETAILS OF BILLS ENCLOSED:

SL. No.	Bill No.	Date	Issued by	Towards	Amount (Rs.)
1	108127	21/05/23		Hospital Main Bill	76250
2	2161545	12/05/23		Pre-hospitalization Bill: Nil	4500
3	582286	02/05/23		Post-hospitalization Bill: Nil	219
4	582356	02/05/23		Pharmacy Bills	1866
5	582359	02/05/23			299
6	582363	02/05/23			438
7					
8					
9					
10					

DETAILS OF PRIMARY INSURED'S BANK ACCOUNT:

a) PAN: AIGUPN1734H b) Account Number: 921010022123177  
c) Bank Name and Branch: AXIS BANK, CHENNAI  
d) Cheque/DD Payable details:   
e) IFSC Code: UTIB0000006

(IMPORTANT PLEASE TURN OVER)



**DECLARATION BY THE INSURED:**

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent & authorize TPA/Insurance company, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any Supplementary claim except the pre/post-hospitalization claim, if any.

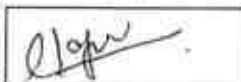
Date :

Place

Bangalore

Signature of the Insured



GUIDANCE FOR FILLING CLAIM FORM - PART A (To be filled in by the insured)		
DATA ELEMENT	DESCRIPTION	FORMAT
<b>SECTION A - DETAILS OF PRIMARY INSURED</b>		
a) Policy No.	Enter the policy number	As allotted by the insurance company
b) SI No./Certificate No.	Enter the social insurance number of the certificate number of social health insurance scheme	As allotted by the organization
c) Company TPA ID No.	Enter the TPA ID No.	License number as allotted by IRDA and printed in TPA documents
d) Name	Enter the full name of the policyholder	Surname, First name, Middle name
e) Address	Enter the full postal address	Include street, City and Pin Code
<b>SECTION B - DETAILS OF INSURANCE HISTORY</b>		
a) Currently covered by any other Mediclaim / Health Insurance?	Indicate whether currently covered by another Mediclaim / Health Insurance	Tick Yes or No
b) Date of Commencement of first Insurance without break	Enter the date of commencement of first Insurance	Use dd-mm-yy format
c) Company Name	Enter the full name of the insurance company	Name of the organization in full
Policy No.	Enter the policy number	As allotted by the insurance company
Sum Insured	Enter the total sum insured as per the policy	In rupees
d) Have you been Hospitalized in the last four years since inception of the contract?	Indicate whether hospitalized in the last four years	Tick Yes or No
Date	Enter the date of hospitalization	Use mm-yy format
Diagnosis	Enter the diagnosis details	Open Text
a) Previously Covered by any other Mediclaim / Health Insurance?	Indicate whether previously covered by another mediclaim / Health Insurance	Tick Yes or No
f) Company Name	Enter the full name of the insurance company	Name of the organization in full
<b>SECTION C - DETAILS OF INSURED PERSON HOSPITALIZED</b>		
a) Name	Enter the full name of the patient	Surname, First name, Middle name
b) Gender	Indicate Gender of the patient	Tick Male or Female
c) Age	Enter age of the patient	Number of years and months
d) Date of Birth	Enter Date of Birth of patient	Use dd-mm-yy format
e) Relationship to primary Insured	Indicate relationship of patient with policyholder	Tick the right option, if others, please specify
f) Occupation	Indicate occupation of patient	Tick the right option, if others, please specify
g) Address	Enter the full postal address	Include street, City and Pin Code
h) Phone No.	Enter the phone number of patient	Include STD code with telephone number
i) E-mail ID	Enter e-mail address of patient	Complete e-mail address
<b>SECTION D - DETAILS OF HOSPITALIZATION</b>		
a) Name of Hospital where admitted	Enter the name of hospital	Name of hospital in full
b) Room category occupied	Indicate the room category occupied	Tick the right option
c) Hospitalization due to	Indicate reason of hospitalization	Tick the right option
d) Date of Injury / Date Disease first detected / Date of Delivery	Enter the relevant date	Use dd-mm-yy format
e) Date of admission	Enter date of admission	Use dd-mm-yy format
f) Time	Enter time of admission	Use hh:mm format
g) Date of discharge	Enter date of discharge	Use dd-mm-yy format
h) Time	Enter time of discharge	Use hh:mm format
i) If injury give cause	Indicate cause of injury	Tick the right option
If Medico legal	Indicate whether injury is medico legal	Tick Yes or No
Reported to Police	Indicate whether police report was filed	Tick Yes or No
MLC Report & Police FIR attached	Indicate whether MLC report and Police FIR attached	Tick Yes or No
j) System of Medicine	Enter the system of medicine followed in treating the patient	Open Text
<b>SECTION E - DETAILS OF CLAIM</b>		
a) Details of Treatment Expenses	Enter the amount claimed as treatment expenses	In rupees (Do not enter paise values)
b) Claim for Domiciliary Hospitalization	Indicate whether claim is for domiciliary hospitalization	Tick Yes or No
c) Details of Lump sum/cash benefit claimed	Enter the amount claimed as lump sum /cash benefit	In rupees (Do not enter paise values)
d) Claim Documents Submitted-Check List	Indicate which supporting documents are submitted	Tick the right option
<b>SECTION F - DETAILS OF BILLS ENCLOSED</b>		
Indicate which bills are enclosed with the amounts in rupees		
<b>SECTION G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT</b>		
a) PAN	Enter the permanent account number	As allotted by the Income Tax department
b) Account Number	Enter the bank account number	As allotted by the bank
c) Bank Name and Branch	Enter bank name along with the branch	Name of the bank in full
d) Cheque/DD payable details	Enter the name of beneficiary the cheque/ DD should be made out to	Name of the individual/organization in full
e) IFSC Code	Enter the IFSC code of the bank branch	IFSC code of the bank branch in full
<b>SECTION H - DECLARATION BY THE INSURED</b>		
Read declaration carefully and mention date (in dd/mm/yy format), place (open text) and sign.		



# Matha Health Care

Your good health is our greatest achievement

# 12/1, Lakshmi Venkateshwara Nilaya,  
Near Horamavu Agara Lake,  
Vishveshwaraiah Main Road,  
Bengaluru - 560 043.  
Ph: 8105821616.

NAME: Lakshmi

AGE: 67 SEX: ♀

DATE: 19/05/2023

Rx

Pls. Pls. Ans

1-0-0-0  
30 days

bp: 160/80

Actu

HbA1c

CBC

RFT

LFT

~~CRP~~

Lipid profile

Any lab

Patient referred to Sunrise Hospital  
for further treatment

  
**Dr. Rajesh MBBS**  
Reg. No. 37251  
General Physician



13/6/2023

To

Whome so ever it may concern.

Patient named Mrs. G. Lakshmi aged 67 yrs female, brought to Hospital with complaints of Giddiness since 3 days. Dysnea on Exertion. B/L Lower leg Edema and pain, Prickling Pain all over body. In view of uncontrolled sugars and edema on both legs with Hypertension, Patient Admitted in ward and medical management continued for the same.

Dr. Pavan Ray

MBBS MD  
SUNRISE HOSPITAL

# 9, Dr. Shet's Building, Keerthi Harmony Road,  
Ragathi Nagar Main Road, Near Raghavendra Circle,  
Ramamurthy Nagar, Bangalore - 560 016.

# 9, Keerthi Harmony Apartment Road, Near Raghavendra Circle, Ramamurthy Nagar, Bangalore - 560016.

Ph : 7795660561 / 7795660562 / 7795660563 | E-mail : sunrisehospital04@gmail.com

Website : www.sunrisehospital.care



# Sunrise Hospital

#9 Dr Shet Building Keerthi Harmony road near Raghvendra circle Ramamurthi Nagar  
Bangalore-560016 Ph:7795660562,7795660563 | Email:sunrisehospital04@gmail.com

## OP Case Sheet

UHID NUMBER	: SRH7459	Date & Time	: 20-May-2023 12:56:51
Patient Name	: Mrs. Laxmi	Department	: General Medicine
Sex / Age	: Female / 67 Y	Consultant	: Dr. Hrushikesh
Address	:	Consultant Type	:
Mobile No	: +919845439110	Ref. Doctor	:
Reg Date & Time	: 20-May-2023 12:56 PM	Ref. Hospital	:

C/O :- Giddinas @ 2 days.  
- Bil lower leg edema.  
- prickling pain all over body.  
- Do ECG.  
- Bil lower leg pain.

### INITIAL ASSESSMENT:

Height:  
Weight:  
Pulse: 87/min  
BP: 150/80 mmHg  
Temp: normal.  
SPO<sub>2</sub>: 95% on RA.  
GRBS - 454 mg/dl

### INVESTIGATIONS:

Ry - Bil dr.  
W 3 NAs  
C 3 NAs

out - 1.57.  
Ht - 5.3.  
Hb - 11.7.  
HBA<sub>1c</sub> - 12.9.

### TREATMENT:

- Admission E

Dr. Pawan Sir.

### PROVISIONAL DIAGNOSIS:

CONSULTANT SIGNATURE:

DATE & TIME:

20/5/2023

# Initial Assessment form

(fill in this column with block letters / Write legibly / to be filled by the doctor / use additional sheets if required)

Name Mrs Lakshmi Hospital Number 9459/1301

Age 67yrs Sex Male / Female

Consultant Doctor / Unit Dr. Pawan Raj

History given by Patient History taken by 20/5/23 1:40pm

know allergies No

Chief Complaints Giddiness since 3 days Duration 3 days

Dysnea on exertion

- B/L Lower leg edema
- pricking pain all over body
- B/L lower leg pain

## History of present illness :

pt was apparently normal. before 3 days. Her pt started above said complaints. got admitted to our hospital for further management.



Systemic Examination (CVS / RS / CNS / Abdomen) / Local examination if applicable

CNS - conscious / oriented

CVS - S<sub>1</sub> S<sub>2</sub> (+)

RS - B/L AC (+)

P/A - soft - B/L (+)

Provisional Diagnosis / Clinical Problems

uncontrolled T<sub>2</sub>DM & Dysnea J. evaluated

# DOCTOR'S PROGRESS SHEETS

Name: <u>Mrs G. Lakshmi</u>				Age: <u>67y</u>	Sex: <u>F</u>	Mar. Status:	Hospital No. <u>1454</u> Religion
Service	Ward	M.R.D.	Occupation	NOTES			
DATE		SIGNATURE					

20/5/23

3:30pm

3/B Dr. shiva prasad.

- c/o. Evidences while walking
- B/L LL Edema (+).
  - Gen body weakness & Tiredness.
  - pricking pain across body

Hb - 11.7  
TC - 10.780.  
PLT - 3.12 L.

HbA1C - 12.9

S. Creat - 1.4  
uric Acid - 7.4

Wt - 137

Rt - 5.2

Cr - 105

pus cells - 6-7

Reus - 8-9

9/B

Bp - 150/90 mmHg  
P - 84/min  
T - 97.4  
SpO<sub>2</sub> - 97% @ RA

2/B  
14/5/23  
10/5/23  
Pht - soft

Adv

2 Inj Lasix Dmg stat  
→ Rest c.i.t as per chart

\$



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# SUNRISE HOSPITAL

# 9, Keerthi Harmony Apartment Road, Near Raghavendra Circle, Ramamurthy Nagar, Bangalore - 560016  
Ph : 7795660561 / 7795660562 / 7795660563 | E-mail : sunrisehospital04@gmail.com | Website : www.sunrisehospital.com

## DOCTOR'S PROGRESS SHEETS

Name Mrs. G. Lakshmi	Age 67y	Sex F	Mar. Status	Hospital No. 4459 / 1301
Service Ward M.R.D Occupation				Religion
	DATE	NOTES		SIGNATURE

20/5/23

10pm

SIB Dr. Arun

pt reviewed.  
no fresh complaints  
air-bliness + ed.

RR 18/min BP - 130/80mmHg  
PR 80/min  
SPO<sub>2</sub> - 98%.

relv

- CST

PPBS





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# 9, Keerthi Harmony Apartment Road, Near Raghavendra Circle, Ramamurthy Nagar, Bangalore - 560016.  
Ph : 7795660561 / 7795660562 / 7795660563 | E-mail : sunrisehospital04@gmail.com | Website : www.sunrisehospital.com

## DOCTOR'S PROGRESS SHEETS

Name	Mr. Lakshmi	Age	67	Sex	F	Mar. Status		Hospital No.	7459
Service Ward	M.R.D	Occupation						Religion	130
	DATE		NOTES					SIGNATURE	

2/1/23  
11:30 AM

C/SB - Dr. Ravi

Care Reviewed.

0/1

A. L. Rain.

Vitals - stable

Adv

① CSN



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**SUNRISE HOSPITAL**

# 9, Keerthi Harmony Apartment Road, Near Raghavendra Circle, Ramamurthy Nagar, Bangalore - 560014  
Ph : 7795660561 / 7795660562 / 7795660563 | E-mail : sunrisehospital04@gmail.com | Website : www.sunrisehospital.com

**DOCTOR'S PROGRESS SHEETS**

Name	Miss. A. Labhuni	Age	65y	Sex	F	Mar. Status		Hospital No.	7459 / 1361
Service Ward	M.R.D	Occupation						Religion	
	DATE	NOTES						SIGNATURE	

21/5/23

10PM

SIB Dr muniy

clo Headach

RS / NAO

P/W - soft nontender

BP - 130/80 mmHg

PR - 80 / min

SPO<sub>2</sub> - 93 %

note -

- CST

- Take - Dolo 450 stat

- FBS / PPBS TIM



# SUNRISE HOSPITAL

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Ph : 7795660561 / 7795660562 / 7795660563 | E-mail : sunrisehospital04@gmail.com | Website : www.sunrisehospital.org

## DOCTOR'S PROGRESS SHEETS

Name	Age	Sex	Mar. Status	Hospital No.
Mr. Lakshmi	64	F		7459 / 1307
Service Ward M.R.D Occupation	DATE			SIGNATURE
	22/05/23			

2/2/23  
12:10pm

dr. R. Ravi

Q - Contipation, x-ray

G/O. clots -  
P-Rt. side  
Resp. 140/200

Ade

① 7. EECI WEE 10g 001

② ENEMA. P/10 TO LYSIS

Ravi





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Ph : 7795660561 / 7795660562 / 7795660563 | E-mail : sunrisehospital04@gmail.com | Website : www.sunrisehospital.com

## DOCTOR'S PROGRESS SHEETS

Name <u>Mr Lakshmi</u>	Age <u>67y</u>	Sex <u>M</u>	Mar. Status	Hospital No. <u>459/1301</u>
Service Ward M.R.D Occupation				Religion
	DATE	NOTES		SIGNATURE

22/7/23

8-45 PM

date - Dr. Pavan

care taken

Adm

D 2j. H. MINDARD. (30/20).

2) T. VILDA. 50g. (20) - 0 (10).

3) on 10g

27

# NURSING CLINICAL CHART

Any Change in Plan of care No / Yes if yes please specify

To be filled only in the words

DATE 9/25/23

DATE

DATE

Temperature to be recorded

C

F

41.1°

106°

40.5°

105°

40°

104°

39.4°

103°

38.8°

102°

38.3°

101°

37.7°

100°

37.2°

99°

36.6°

98.4°

36.1°

98°

97°

PULSE RATE / MIN MONITOR

72 bpm  
74 bpm  
78 bpm

RESPIRATION / MIN MONITOR

22 bpm  
22 bpm  
22 bpm

BLOOD PRESSURE MONITOR

140/90  
130/80  
130/80

SPQ

96%  
96%  
96%

NEURO  
CONSCIOUS-C  
LETHARGIC-L  
UNCONSCIOUS-UN

2pm  
4pm  
6pm

BLOOD TRANSFUSION START  
& FINISH TIME

SIGN

*[Signature]*





**HUMAN  
HEALTH**  
We care for you

- Regd. Address: No 11, Nanjunda Rao Colony, Mylapore, Chennai 600004  
Reference Lab: Sanjeevini Building L175, Ground Floor, Sector 6, HSR Layout, Bengaluru 560102, Karnataka, India.

www.humainhealth.com

customercare@humainhealth.com

+91 7996633333

Full Name	MRS. LAKSHMI	Client Code	KABLR978	Registered Date	20/05/2023 03:08 PM
ID Number	HH043959	Client Name	SUNRISE HOSPITAL	Collected Date	20/05/2023 04:41 PM
Gender	FEMALE	Ref. By	DR. SELF	Received Date	20/05/2023 04:41 PM
Age	66 YEAR(S)	Report Status	Final	Reported Date	22/05/2023 04:28 PM

Test	Results	Units	Reference Range
<b>BIOCHEMISTRY</b>			
NT-PRO BNP (N-Terminal Pro B Type Natriuretic Peptide) - SERUM	287	pg/mL	< 115.00

Comment: Values rechecked kindly correlate clinically

#### Note

- NT-pro-BNP value increases with age, elevated levels can be seen in apparently healthy individual with increasing age
- NT-pro-BNP values need to be interpreted in conjunction with the medical history, clinical findings and other information
- Lack of NT-ProBNP elevation has been reported if Congestive Heart Failure (CHF) is very acute (first hour) or if there is Ventricular inflow obstruction

#### Comment

N-terminal precursor of brain natriuretic peptide (NT-proBNP) are released from myocardial cells in response to volume expansion and increased wall tension. They are well-established rule-out tools for cardiac disease in unselected communities. NT pro-BNP value <125 pg/mL exclude cardiac dysfunction with a high level of certainty in patients presenting with dyspnea. As the value increases heart failure becomes more likely, NT-ProBNP levels are correlated with New York Heart Association (NYHA) functional classes for CHF. However, the role of natriuretic peptides extends beyond heart failure diagnosis; it is a clinical support tool in risk stratification and management in both inpatient and outpatient settings. Recent studies have shown NT-proBNP testing can also be used for Cardiovascular risk assessment in asymptomatic patients with Type 2 Diabetes Mellitus

Optimal Cut-Off (pg/mL)	Sensitivity (%)	Specificity (%)	PPV (%)	NPV (%)
300	99	68	62	99
450	98	76	68	99
900	90	85	76	94

— End of Report —



23HH14414

Page 1 / 1

**SUNRISE HOSPITAL**

# 9, Dr. Shet's Building, Keerthi Harmony Road,  
Jayarathi Nagar Main Road, Near Raghavendra Circle,  
Ramamurthy Nagar, Bangalore - 560 016.

Dr. Robina Nazeer  
MBBS, MD(Path)

If test results are alarming or unexpected, client is advised to contact the laboratory immediately for possible remedial action





भारत सरकार  
GOVERNMENT OF INDIA

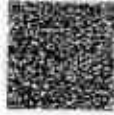


க. லக்ஷ்மி

G. Lakshmi

பிறந்த நாள்/ DOB: 15/04/1958

பெண் / FEMALE



6263 0660 6419

எனது ஆதார், எனது அடையாளம்.



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

முகவரி:

W/O: ஆ. கணபதி, 35,  
சாஸந்தி அம்மன் கோவில்  
தெரு, வள்ளியூர், வடக்கு  
வள்ளியூர், திருநெல்வேலி,  
தமிழ்நாடு - 627117

Address:

W/O: A. Ganapathi, 35, Salathi  
Amman Kovil Street, Valloor,  
Vadakku Valloor, Tirunelveli,  
Tamil Nadu - 627117

6263 0660 6419

MEERA AADHAAR, MERI PEHACHAN



UNIQUE IDENTIFICATION AUTHORITY OF INDIA

முகவரி:

W/O: ஆ. கணபதி, 35,  
சாஸ்தி அம்மர் கோவில்  
நெரு, வள்ளியூர், வடக்கு  
வள்ளியூர், திருநெல்வேலி,  
தமிழ்நாடு - 627117

Address:

W/O: A. Ganapathi, 35, Sathai  
Amankovil Street, Valluor,  
Vadaku Valluor, Tirunelveli,  
Tamil Nadu - 627117

6263 0660 6419

MEERA AADHAAR, MERI PEHACHAN

R

LAKSHMI 67 F 235 F CHEST PA 20-May-23 08:30 PM  
SUNRISE HOSPITAL, TC PALYA





# HERITAGE HEALTH INSURANCE TPA PVT. LTD.

## CLAIM HISTORY SHEET

(R)

Front Desk

Name of Insured : G. LAISAM I

Executive Name :

Policy No. :

Hospital :

Checklist Verification :

Signature : [Signature] 05/06/23

Claim Entry

Executive Name :

CCN No. HH 982400027

Sign

Policy Details

Main Claim / Partial Claim / Pre & Post

Doctor Name

Medical Officer Remarks

Diagnosis :

Deletions

Claim Admissable

Yes

No

Date

Signature :

Medical Department

Claim Processing

Executive Name :

Remarks

Sign

Date

Executive Name :

Remarks

Claim Approval

Sign

Date

Claim Settlement Details

Amount Claimed

Amount Settled

Cheq. No. :

Date :

Issued To :

Special Remarks :

Photo copy (R)

Date :

Authorised Signatory

Name

			CLAIM NO.	
<b>REIMBURSEMENT CLAIM - CHECK LIST</b>				
CORPORATE NAME	Digital.ai Software India Private Limited		EMP NO	DIGI - 8 - 018
POLICY NO.	H1051372			
PATIENT STAR ID NO				
EMPLOYEE NAME	NAGESWARI GANAPATHY			
PATIENT NAME	G. LAKSHMI			
DATE OF ADMISSION	MAY 20, 2023 01:39 PM		DATE OF DISCHARGE	MAY 22 2023 9:13 PM
EMAIL ID	nageswari-ganapathy@digital.ai		MOBILE NO	9845439110
CLAIM TYPE	MAIN CLAIM	PRE & POST	QUERY REPLY	DISALLOWED SHORT FALL
<b>CLAIM DOCUMENTS SUBMITTED</b>				
Claim Form Dully SIGNED by EMPLOYEE - PART - A	YES	NO	<div style="border: 1px solid blue; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <i>B/C</i>  <b>03 JUN 2023</b>  <b>HERITAGE HEALTH INSURANCE</b>  <b>TPA PVT. LTD. CHENNAI.</b> </div>	
Claim Form Dully SIGNED by HOSPITAL - PART - B	YES	NO		
HOSPITAL - FINAL BILL	YES	NO		
HOSPITAL - FINAL BILL - BREAK-UP	YES	NO		
PAYMENT RECEIPTS	YES	NO		
ORIGINAL DISCHARGE SUMMARY	YES	NO		
PHARMACY BILLS WITH PRESCRIPTIONS	YES	NO	No. of Bills	
INVESTIGATION REPORTS	YES	NO	No. of Pages	
X-RAY / CT / MRI SCAN FILMS / ECG	YES	NO	No. of Films	
FOR MATERNITY CLAIM ATTACH 9th MONTH ULTRASOUND SCAN REPORT XEROX	YES	NO		
In cases of accidents, MEDICO LEGAL CERTIFICATE (MLC) and / or FIR	YES	NO		
PAN CARD - IF CLAIM AMOUNT IS ABOVE 1 LAKH	YES	NO		
CANCELLED CHEQUE LEAF	EMP NEFT	CORP NEFT		
OTHERS - (If any pls mention)				
<b>PLEASE NOTE ALL DOCUMENTS SHOULD BE IN ORIGINAL</b> <b>(KINDLY TAKE XEROX COPY BEFORE SUBMITTING THE ORIGINAL DOCUMENTS)</b>				





CLAIM FORM FOR HEALTH INSURANCE POLICIES OTHER THAN TRAVEL AND PERSONAL ACCIDENT - PART A  
TO BE FILLED IN BY THE INSURED  
The issue of this Form is not to be taken as an admission of liability

IRDAI License No. 008

DETAILS OF PRIMARY INSURED:

(To be filled in block letters)

a) Policy No: H1051372 b) SI. No./Certificate No:   
c) Company/TPA ID No:   
d) Name: NAGESWAR GANAPATHY  
e) Address: A101, SAMITHA SAROVAR, HOORAMAVU AGARA LAKE  
HOORAMAVU  
City: BANGALORE State: KARNATAKA  
Pin Code: 560043 Phone No: 9845439110 Email ID: nageswari-ganapathy

DETAILS OF INSURANCE HISTORY:

a) Currently covered by any other Mediclaim/Health Insurance: ☐ Yes ☒ No b) Date of commencement of first insurance without break:   
c) If yes, company name:  Policy No:   
Sum Insured (Rs.):  d) Have you been hospitalized in the last four years since inception of the contract? ☐ Yes ☒ No Date:   
Diagnosis:  e) Previously covered by any other Mediclaim/Health Insurance: ☐ Yes ☒ No  
f) If yes, Company Name:

DETAILS OF INSURED PERSON HOSPITALIZED:

a) Name: A. LAKSHMI  
b) Gender: Male ☐ Female ☒ c) Age: Years 66 Months  d) Date of Birth: 15/04/58  
e) Relationship to Primary Insured: Self ☐ Spouse ☐ Child ☐ Father ☐ Mother ☒ Other ☐ (Please Specify)   
f) Occupation: Service ☐ Self Employed ☐ Homemaker ☒ Student ☐ Retired ☐ Other ☐ (Please Specify)   
g) Address (if different from above):   
City:  State:   
Pin Code:  Phone No:  Email ID:

DETAILS OF HOSPITALIZATION:

a) Name of Hospital where Admitted: SUNRISE HOSPITAL  
b) Room Category occupied: Day care ☐ Single occupancy ☒ Twin sharing ☐ 3 or more beds per room ☐  
c) Hospitalization due to: Injury ☐ Illness ☒ Maternity ☐ d) Date of injury/Date Disease first detected/Date of Delivery:   
e) Date of Admission: 20/05/23 f) Time: 01:30 g) Date of Discharge: 22/05/23 h) Time: 09:13  
i) If injury give cause: Self-inflicted ☐ Road Traffic Accident ☐ Substance Abuse (Alcohol Consumption) ☐ j) If Medico legal: ☐ Yes ☒ No  
k) Reported to police: ☐ Yes ☒ No l) MLC Report & Police FIR attached: ☐ Yes ☒ No m) System of Medicine:

DETAILS OF CLAIM

a) Details of the treatment expenses claimed:  
i. Pre-Hospitalization Expenses: Rs. 4450 ii. Hospitalization Expenses: Rs. 24453  
iii. Post-Hospitalization Expenses: Rs. 219 iv. Health-Check up Cost: Rs.   
v. Ambulance Charges: Rs.  vi. Others (code):  Rs.   
vii. Pre-Hospitalization period: Days  viii. Post-Hospitalization period: Days   
b) Claim for Domiciliary Hospitalization: ☐ Yes ☒ No (If yes, provide details in annexure)  
c) Details of Lump sum / cash benefit claimed:  
i. Hospital Daily Cash: Rs.  ii. Surgical Cash: Rs.   
iii. Critical Illness Benefit: Rs.  iv. Convalescence: Rs.   
v. Pre/Post Hospitalization: Rs.  vi. Others:  Rs.   
Lump sum benefit: Rs.  Total: Rs. 34122

Claim Documents Submitted - Check List:  
☐ Claim Form duly signed  
☐ Copy of the claim intimation, if any  
☐ Hospital Main Bill  
☐ Hospital Break-up Bill  
☐ Hospital Bill Payment Receipt  
☐ Hospital Discharge Summary  
☐ Pharmacy Bill  
☐ Operation Theatre Notes  
☐ ECG  
☐ Doctor's request for investigation  
☐ Investigation Reports (including CT/MR/USG/PE)  
☐ Doctor's Prescriptions  
☐ Others

DETAILS OF BILLS ENCLOSED:

SL. No.	Bill No.	Date	Issued by	Towards	Amount (Rs.)
1	TP8127	24/05/23		Hospital Main Bill	24453
2	PH5546	13/05/23		Pre-hospitalization Bill: Nil	4450
3	SB2305	02/05/23		Post-hospitalization Bill: Nil	219
4	SP2306	03/05/23		Pharmacy Bill	1842
5	SP2309	01/05/23			280
6	SP2303	02/05/23			450
7					
8					
9					
10					

DETAILS OF PRIMARY INSURED'S BANK ACCOUNT:

a) PAN: AGUPN1734H b) Account Number: 921010022123177  
c) Bank Name and Branch: AXIS BANK, CHENNAI  
d) Cheque/DD Payable details:  e) IFSC Code: UTIB0000006

(IMPORTANT: PLEASE TURN OVER)



# DECLARATION BY THE INSURED:

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent & authorize TPA/Insurance company, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any Supplementary claim except the pre/post-hospitalization claim, if any.

Date:

31 05 23

Place

Bangalore

Signature of the Insured



SECTION H

GUIDANCE FOR FILLING CLAIM FORM - PART A (To be filled in by the Insured)		
DATA ELEMENT	DESCRIPTION	FORMAT
<b>SECTION A - DETAILS OF PRIMARY INSURED</b>		
a) Policy No.	Enter the policy number	As allotted by the insurance company
b) St. No./Certificate No.	Enter the social insurance number of the certificate number of social health insurance scheme	As allotted by the organization
c) Company TPA ID No.	Enter the TPA ID No.	License number as allotted by IRDA and printed in TPA documents
d) Name	Enter the full name of the policyholder	Surname, First name, Middle name
e) Address	Enter the full postal address	Include street, City and Pin Code
<b>SECTION B - DETAILS OF INSURANCE HISTORY</b>		
a) Currently covered by any other Mediclaim / Health Insurance?	Indicate whether currently covered by another Mediclaim / Health Insurance	Tick Yes or No
b) Date of Commencement of first insurance without break	Enter the date of commencement of first insurance	Use dd-mm-yy format
c) Company Name	Enter the full name of the insurance company	Name of the organization in full
Policy No.	Enter the policy number	As allotted by the insurance company
Sum Insured	Enter the total sum insured as per the policy	In rupees
d) Have you been Hospitalized in the last four years since inception of the contract?	Indicate whether hospitalized in the last four years	Tick Yes or No
Date	Enter the date of hospitalization	Use mm-yy format
Diagnosis	Enter the diagnosis details	Open Text
e) Previously Covered by any other Mediclaim / Health Insurance?	Indicate whether previously covered by another Mediclaim / Health Insurance	Tick Yes or No
f) Company Name	Enter the full name of the insurance company	Name of the organization in full
<b>SECTION C - DETAILS OF INSURED PERSON HOSPITALIZED</b>		
a) Name	Enter the full name of the patient	Surname, First name, Middle name
b) Gender	Indicate Gender of the patient	Tick Male or Female
c) Age	Enter age of the patient	Number of years and months
d) Date of Birth	Enter Date of Birth of patient	Use dd-mm-yy format
e) Relationship to primary insured	Indicate relationship of patient with policyholder	Tick the right option, if others, please specify
f) Occupation	Indicate occupation of patient	Tick the right option, if others, please specify
g) Address	Enter the full postal address	Include street, City and Pin Code
h) Phone No	Enter the phone number of patient	Include STD code with telephone number
i) E-mail ID	Enter e-mail address of patient	Complete e-mail address
<b>SECTION D - DETAILS OF HOSPITALIZATION</b>		
a) Name of Hospital where admitted	Enter the name of hospital	Name of hospital in full
b) Room category occupied	Indicate the room category occupied	Tick the right option
c) Hospitalization due to	Indicate reason of hospitalization	Tick the right option
d) Date of Injury / Date Disease first detected / Date of Delivery	Enter the relevant date	Use dd-mm-yy format
e) Date of admission	Enter date of admission	Use dd-mm-yy format
f) Time	Enter time of admission	Use hh:mm format
g) Date of discharge	Enter date of discharge	Use dd-mm-yy format
h) Time	Enter time of discharge	Use hh:mm format
i) If injury give cause	Indicate cause of injury	Tick the right option
If Medico legal	Indicate whether injury is medico legal	Tick Yes or No
Reported to Police	Indicate whether police report was filed	Tick Yes or No
MLC Report & Police FIR attached	Indicate whether MLC report and Police FIR attached	Tick Yes or No
j) System of Medicine	Enter the system of medicine followed in treating the patient	Open Text
<b>SECTION E - DETAILS OF CLAIM</b>		
a) Details of Treatment Expenses	Enter the amount claimed as treatment expenses	In rupees (Do not enter paise values)
b) Claim for Domiciliary Hospitalization	Indicate whether claim is for domiciliary hospitalization	Tick Yes or No
c) Details of Lump sum/cash benefit claimed	Enter the amount claimed as lump sum / cash benefit	In rupees (Do not enter paise values)
d) Claim Documents Submitted-Check List	Indicate which supporting documents are submitted	Tick the right option
<b>SECTION F - DETAILS OF BILLS ENCLOSED</b>		
Indicate which bills are enclosed with the amounts in rupees		
<b>SECTION G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT</b>		
a) PAN	Enter the permanent account number	As allotted by the Income Tax department
b) Account Number	Enter the bank account number	As allotted by the bank
c) Bank Name and Branch	Enter bank name along with the branch	Name of the bank in full
d) Cheque/DD payable details	Enter the name of beneficiary the cheque/ DD should be made out to	Name of the individual/organization in full
e) IFSC Code	Enter the IFSC code of the bank branch	IFSC code of the bank branch in full
<b>SECTION H - DECLARATION BY THE INSURED</b>		
Read declaration carefully and mention date (in dd-mm-yy format), place (open text) and sign.		



The issue of this Form is not to be taken as an admission of liability.  
Please include the original preauthorization request Form in **Part A**.

IRDAI License No. 008

(To be filled in block letters)

#### DETAILS OF HOSPITAL

a) Name of the Hospital :	SUNRISE HOSPITAL	
b) Hospital ID :	<div> <div></div> <div></div> <div></div> <div></div> </div>	
c) Type of Hospital :	Network <input type="checkbox"/> Non Network <input type="checkbox"/> (if non network fill section E)	
d) Name of the treating doctor :	DR. PAVAN RAJ	
e) Qualification :	<div> <div></div> <div></div> <div></div> <div></div> </div>	
f) Registration No. with State Code :	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	
g) Phone No.	779366036	

#### DETAILS OF THE PATIENT ADMITTED

a) Name of the patient: G. L. B. S. HMT      b) IP Registration Number: IP11351138      c) Gender: Male ☐ Female ☒      d) Age: Years 66 Months 00      e) Date of Birth: 15.04.58  
f) Date of Admission: 20.05.23      g) Time: 11:30      h) Date of Discharge: 22.05.23      i) Time: 09:13  
j) Type of Admission: Emergency ☐ Planned ☐ Day Care ☐ Maternity ☐      k) If Maternity: i) Date of Delivery: 20.05.23      l) Grade Status: 00  
m) Status at time of discharge: Discharge to home ☒ Discharge to another hospital ☐ Deceased ☐      n) Total claimed amount: 00

## DETAILED OF AILMENT DIAGNOSED (PRIMARY)

a)		b)	
	ICD-10 Codes		ICD-10 PCE
i. Primary Diagnosis		i. Procedure 1	
ii. Additional Diagnosis		ii. Procedure 2	
iii. Comorbidities		iii. Procedure 3	
iv. Comorbidities		iv. Details of Procedure	

c) Pre-authorization obtained: ☐ Yes ☐ No      d) Pre-authorization Number:

a) If authorization by network hospital not obtained, give reason:

f) Hospitalization due to injury: ☐ Yes ☐ No      i. If Yes, give cause: Self-inflicted ☐ Road Traffic Accident ☐ Substance abuse / alcohol consumption ☐

ii. If injury due to Substance abuse/alcohol consumption, Test Conducted to establish this: ☐ Yes ☐ No      (If Yes, attach reports)      iii. If Medico legal: ☐ Yes ☐ No

iv. Reported to Police: ☐ Yes ☐ No      v. FIR no.:

vi. If not reported to police give reason:

## CLAIM DOCUMENTS SUBMITTED - CHECK LIST

<input type="checkbox"/> Claim Form duly signed	<input type="checkbox"/> Investigation reports
<input type="checkbox"/> Original Pre-authorization request	<input type="checkbox"/> CTMR/USQHPE investigation reports
<input type="checkbox"/> Copy of the Pre-authorization approval letter	<input type="checkbox"/> Doctor's reference slip for investigation
<input type="checkbox"/> Copy of photo ID card of patient verified by hospital	<input type="checkbox"/> ECG
<input type="checkbox"/> Hospital Discharge Summary	<input type="checkbox"/> Pharmacy bills
<input type="checkbox"/> Operation Theatre notes	<input type="checkbox"/> MLC reports & Police FIR
<input type="checkbox"/> Hospital main bill	<input type="checkbox"/> Original death summary from hospital where applicable
<input type="checkbox"/> Hospital break-up bill	<input type="checkbox"/> Any other, please specify

ADDITIONAL DETAILS IN CASE OF NON-NETWORK HOSPITAL (ONLY FILL IN CASE OF NON-NETWORK HOSPITAL)

a) Address of the Hospital: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Pin Code: \_\_\_\_\_ b) Phone No.: \_\_\_\_\_ c) Registration No. with State Code: \_\_\_\_\_  
 d) Hospital PAN: \_\_\_\_\_ e) Number of Inpatient beds: \_\_\_\_\_  
 f) Facilities available in the hospital: I. OT: ☐ Yes ☐ No II. ICU: ☐ Yes ☐ No  
 iii) Others: \_\_\_\_\_

## DECLARATION BY THE HOSPITAL

(PLEASE READ VERY CAREFULLY)

We hereby declare that the information furnished this Claim Form is true & correct to the best of our knowledge & belief. If we have made any false or untrue statement, suppression or concealment of any material fact, our right to claim under this claim shall be forfeited.

Date: 

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Place: 

Signature and Seal of the Hospital Authority

## SECTION A

SECTION I

## SECTION C

## DISCUSSION

## SECTION I

## SECTION 1

GUIDANCE FOR FILLING CLAIM FORM - PART B (To be filled in by the hospital)		
DATA ELEMENT	DESCRIPTION	FORMAT
<b>SECTION A - DETAILS OF HOSPITAL</b>		
a) Name of Hospital	Enter the name of hospital	Name of hospital in full
b) Hospital ID	Enter ID number of hospital	As allocated by the TPA
c) Type of Hospital	Indicate whether in network or non network hospital	Tick the right option
d) Name of treating doctor	Enter the name of the treating doctor	Name of doctor in full
e) Qualification	Enter the qualifications of the treating doctor	Abbreviations of educational qualifications
f) Registration No. with State Code	Enter the registration number of the doctor along with the state code	As allocated by the Medical Council of India
g) Phone No.	Enter the phone number of doctor	Include STD code with telephone number
<b>SECTION B - DETAILS OF THE PATIENT ADMITTED</b>		
a) Name of Patient	Enter the name of patient	Name of patient in full
b) IP Registration Number	Enter insurance provider registration number	As allotted by the insurance provider
c) Gender	Indicate Gender of the patient	Tick Male or Female
d) Age	Enter age of the patient	Number of years and months
e) Date of Birth	Enter date of birth	Use dd-mm-yy format
f) Date of Admission	Enter date of admission	Use dd-mm-yy format
g) Time	Enter time of admission	Use hh-mm format
h) Date of Discharge	Enter date of discharge	Use dd-mm-yy format
i) Time	Enter time of discharge	Use hh-mm format
j) Type of Admission	Indicate type of admission of patient	Tick the right option
k) If Maternity		
Date of Delivery	Enter Date of Delivery if maternity	Use dd-mm-yy format
Gravida Status	Enter Gravida status if maternity	Use standard format
l) Status at time of discharge	Indicate status of patient at time of discharge	Tick the right option
m) Total claimed amount	Indicate the total claimed amount	In rupees (Do not enter paise values)
<b>SECTION C - DETAILS OF THE ILLNESS DIAGNOSED (PRIMARY)</b>		
a) ICD 10 Code		
Primary Diagnosis	Enter the ICD 10 Code and description of the primary diagnosis	Standard Format and Open text
Additional Diagnosis	Enter the ICD 10 Code and description of the additional diagnosis	Standard Format and Open text
Co-morbidities	Enter the ICD 10 Code and description of the co-morbidities	Standard Format and Open text
b) ICD 10 PCS		
Procedure 1	Enter the ICD 10 PCS and description of the first procedure	Standard Format and Open text
Procedure 2	Enter the ICD 10 PCS and description of the second procedure	Standard Format and Open text
Procedure 3	Enter the ICD 10 PCS and description of the third procedure	Standard Format and Open text
Details of Procedure	Enter the details of the procedure	Open text
c) Pre-authorization obtained	Indicate whether pre-authorization obtained	Tick Yes or No
d) Pre-authorization Number	Enter pre-authorization number	As allotted by TPA
e) If authorization by network hospital not obtained, give reason	Enter reason for not obtaining pre-authorization number	Open text
f) Hospitalization due to injury	Indicate if hospitalization is due to injury	Tick Yes or No
Cause	Indicate cause of injury	Tick the right option
If injury due to substance abuse/alcohol consumption, test conducted to establish this	Indicate whether test conducted	Tick Yes or No
Medico Legal	Indicate whether injury is medico legal	Tick Yes or No
Reported To Police	Indicate whether police report was filed	Tick Yes or No
FIR No.	Enter first information report number	As issued by police authorities
If not reported to police, give reason	Enter reason for not reporting to police	Open text
<b>SECTION D - CLAIM DOCUMENTS SUBMITTED-CHECK LIST</b>		
Indicate which supporting documents are submitted		
<b>SECTION E - DETAILS IN CASE OF NON NETWORK HOSPITAL</b>		
a) Address	Enter the full postal address	Include Street, City and Pin Code
b) Phone No.	Enter the phone number of hospital	Include STD code with telephone number
c) Registration No. with State Code	Enter the registration number of the doctor along with the state code	As allocated by the Medical Council of India
d) Hospital PAN	Enter the permanent account number	As allotted by the Income Tax department
e) Number of inpatient beds	Enter the number of inpatient beds	Digits
f) Facilities available in the hospital	Indicate facilities available in the hospital	Tick the right option, if others, please specify
<b>SECTION F - DECLARATION BY THE HOSPITAL</b>		
Read declaration carefully and mention date (in dd-mm-yy format), place (open text) and sign and stamp		



**AXIS BANK LTD**CHENNAI (TN) CHENNAI 600004  
IFS CODE: UTIB000XXXX

VALID FOR THREE MONTHS FROM THE DATE OF ISSUE

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D D M M Y Y Y Y

Pay

या धारक को or Bearer

रुपये Rupees

अदा करें

₹

A/c.No.

921010022123177

SBPBS 006163

Payable at all branches of Axis Bank Ltd in India

G. NAGESWARII

Please sign above

⑈ 76 14 18 ⑈ 6002110021 006163 ⑈ 31



## Sunrise Hospital

#9, De Shet Building, Keerthi Harmony Apartment Road, Near Raghavendra Circle, Ramamurthy Nagar, Bangalore - 560016. Ph: 7795660561, 7795660562, 7795660563. Email: sunrisehospital04@gmail.com

### DISCHARGE SUMMARY

PatientName : Mrs. G Lakshmi  
IPNo : IP1301 / SRH7459  
Age/Gender : 67 Female  
MobileNo : 919845439110  
Mode : SELF  
Address : B 101, 1S FLOOR, SMHITHA SAROVAR, ASIRVAD COLONY HORAMAVU  
PrintedDate : May 22 2023 10:15PM  
ConsDr : Dr.PAVAN RAJ N  
WardName : Pvt N-A/C  
DoA : May 20, 2023 01:39 PM  
DoD : May 22 2023 9:13PM

### DISCHARGE SUMMARY

#### CONSULTANTS INVOLVED

DR PAVAN RAJ	MEDICINE
--------------	----------

#### DIAGNOSIS

UNCONTROLLED DM WITH HYPERTENSION

#### PRESENTING COMPLAINTS

GIDDINESS SINCE 3 DAYS

DYSPNEA ON EXCRETION

B/L LOWER LEG EDEMA AND PAIN

PRICKING PAIN ALL OVER BODY

#### PAST HISTORY

N/K/C/O T2DM

#### PHYSICAL PAST HISTORY FINDINGS

BP - 150/80MMHG

PULSE - 87/M

TEMPERATURE - NORMAL

SPO2 - 95@RA

GRBS - 454MG/DL

#### GENERAL EXAMINATIONS / SYSTEMIC EXAMINATIONS

RESPIRATORY SYSTEM - B/L CLEAR

GASTRO INTESTINAL SYSTEM - SOFT NON-TENDER

CARDIOVASCULAR SYSTEM - S1 S2 +

CENTRAL & PERIPHERAL NERVOUS SYSTEM - NAD



# SUNRISE HOSPITAL

## GIVEN TREATMENT

INJ MONOCEFIGM IV BD, INJ PAN 40MG IV BD, INJ EMESET 4MG IV BD, TAB VERTIN 16MG BD, TABCILICAL 10MG STAT, IVF NS 100ML WITH OPTINEURON OD, TAB ECCIWELL OD

## COURSE IN HOSPITAL

PATIENT NAME MRS G LAKSHMI 67YR/F CAME TO OUR HOSPITAL WITH THE ABOVE MENTIONED COMPLAINTS. RELEVANT INVESTIGATIONS WERE DONE. REPORTS ENCLOSED. MEDICAL MANAGEMENT CONTINUED FOR SAME. PATIENT RESPONDED WELL TO GIVEN TREATMENT. COURSE IN THE HOSPITAL STAY WAS UNEVENTFUL. PATIENT BEING DISCHARGED AT STABLE CONDITION

## ADVICE ON DISCHARGE

INJ H.MIXTARD 30/70	20-0-15UNITS X 10 DAYS (B/F)
TAB VILDA 50 MG	1-0-1 X10 DAYS (A/F)
TAB TELMA 40 MG	1-0-0 X10 DAYS
TAB SOMPRAZ 40 MG	1-0-0 X 5 DAYS
TAB NEUROBIAN FORTE	0-1-0 X 1 MONTH

R/V AFTER 10 DAYS WITH FBS/PPBS IN MEDICINE OPD

*To report back immediately to Hospital if any emergency.*

*Emergency contacts: 7795660561, 7795660562, 7795660563.*

PREPARED BY DR. SHIVAPRASAD

DR. PAVAN RAI

DEPARTMENT OF MEDICINE

# 9, Keerthi Harmony Apartment Road, Near Raghavendra Circle, Ramamurthy Nagar, Bangalore - 560016.

# 9, Keerthi Harmony Apartment Road, Near Raghavendra Circle, Ramamurthy Nagar, Bangalore - 560016.

Ph : 7795660561 / 7795660562 / 7795660563 | E-mail : sunrisehospital04@gmail.com

Website : www.sunrisehospital.care





# Sunrise Hospital

#9 Dr Shet Building Keerthi Harmony road near Raghvendra circle Ramamurthi Nagar  
Bangalore-560016. Ph:7795660562,7795660563 | Email:sunrisehospital04@gmail.com

## Detailed In-Patient Bill

IP No : IP1301 (UHID - SRH7459) Bill No : IPB1272  
Patient Name : Mrs. G Lakshmi Bill Date : 22-May-2023 09:57 PM  
Gender / Age : Female / 67 Admission Date : 20-May-2023 01:39 PM  
Pay Type : Cash Discharge Date : 22-May-2023 09:13 PM  
Doctor Name : Dr.PAVAN RAJ N Department : Consultations  
Referral Name : Self Discharge Type : On Medical Advice  
Address : B 101, 1S FLOOR, SMHITHA SAROVAR, ASIRVAD COLONY

Service Name	Qty / Days	Amount	Total Amount
--------------	------------	--------	--------------

Rec No	Rec Date	Rec Amount	Cash	Card	Others
Bill Receipt Details					
IPR2877	22/May/2023 09:46 PM	26250		26250	
Total Amount :		26250	0	26250	0

Patient Signatory :

Page 2 of 2

Authorized Signatory : swapna

**SUNRISE HOSPITAL**

# 9, Dr. Shet's Building, Keerthi Harmony Road,  
Jayanthi Nagar Main Road, Near Raghavendra Circle  
Ramamurthi Nagar, Bangalore - 560 016



# Sunrise Hospital

#9 Dr Shet Building Keerthi Harmony road near Raghvendra circle Ramamurthi Nagar  
Bangalore-560016. Ph:7795660562,7795660563 | Email:sunrisehospital04@gmail.com

## Detailed In-Patient Bill

IP No : IP1301 (UHID - SRH7459) Bill No : IPB1272  
Patient Name : Mrs. G Lakshmi Bill Date : 22-May-2023 09:57 PM  
Gender / Age : Female / 67 Admission Date : 20-May-2023 01:39 PM  
Pay Type : Cash Discharge Date : 22-May-2023 09:13 PM  
Doctor Name : Dr.PAVAN RAJ N Department : Consultations  
Referral Name : Self Discharge Type : On Medical Advice  
Address : B 101, 1S FLOOR, SMHITHA SAROVAR, ASIRVAD COLONY

Service Name	Qty / Days	Amount	Total Amount
Registration Fee			
IP Registration Fee	1	350	350
Ward Details			
Ward Charges	3	4000	12000
Consultations			
IP Visits - Dr.PAVAN RAJ N	3	1200	3600
Laboratory			
Urine Routine	1	200	200
Renal Function Test (RFT)	1	1100	1100
FBS AND PPBS	1	150	150
NT-proBNP (N-terminal pro b-type natriuretic peptide)	1	2550	2550
Electrolytes-Na+,K+,Cl-	1	700	700
Radiology			
X Ray Chest AP View	1	1000	1000
General Services			
GRBS	11	100	1100
IV Cannulization	2	100	200
ECG	1	500	500
Cardiology			
2D ECHO	1	2800	2800
Total Bill Amount			26250
Balance Bill Amount			26250
Cash Paid Amount			26250
Cash Balance Amount			0

Patient Signatory :

Page 1 of 2

Authorized Signatory : swapna

**SUNRISE HOSPITAL**

# 9, Dr. Shet's Building, Keerthi Harmony Road,  
Jayantha Nagar Main Road, Near Raghvendra Circle  
Ramamurthy Nagar, Bangalore - 560 016

UMR NO : PR0298839  
Name : Mrs.LAKSHMI  
Age/Gender : 67 Years/Female  
Ref.Dr : -

Bill No : P1615895  
Mobile No : 7411788227  
Reg.Date : 19-May-2023 12:15 PM  
Client Code :

**Report Collection Slip (RCS)**

Sr No	Service Name	Gross Amt	Discount	Net Amt	Exp. Rep Dt
1	AMYLASE, SERUM	550.00	0.00	550.00	19-May-2023
2	COMPLETE BLOOD COUNT	350.00	0.00	350.00	19-May-2023
3	LIPID PROFILE	600.00	0.00	600.00	19-May-2023
4	LIVER FUNCTION TEST (LFT)	800.00	0.00	800.00	19-May-2023
5	KIDNEY FUNCTION TEST, EXTENDED	900.00	0.00	900.00	19-May-2023
6	THYROID PROFILE, TOTAL	650.00	0.00	650.00	19-May-2023
7	HBA1C	600.00	0.00	600.00	19-May-2023
<b>Total :</b>		<b>4,450.00</b>	<b>0.00</b>	<b>4,450.00</b>	
<b>Net Amount : Rs. 4,450.00</b>					

**\*P1615895\***

P1615895

Printed By/Date Time : PC0000359/28-May-2023 09:03 AM

**\*PR0298839\***

PR0298839

Created By/Date time : PC0000359/19-May-2023 12:15 PM

10



**Paid Amount :** Rs. 4,450.00

**Sp. Discount :** Rs. 0.00

**Note :**

1) Visit our website -- to view reports online. Your UserID :

**PR0298839**

Pwd : **75989**

(You can use the password changed by you.)

2) Online and email report will be available only after full payment .

3) 0.00 Rupees

**\*P1615895\***

P1615895

Printed By/Date Time : PC0000359/28-May-2023 09:03 AM

**\*PR0298839\***

PR0298839

Created By/Date time : PC0000359/19-May-2023 12:15 PM



**HUMAIN  
HEALTH**  
We care for you

- Regd. Address: No 11, Nanjunda Rao Colony, Mylapore, Chennai 600004  
Reference Lab: Sanjeevini Building L175, Ground Floor, Sector 6, HSR Layout, Bengaluru 560102, Karnataka, India.

www.humainhealth.com

customer@humainhealth.com

+91 7996533333

Full Name	MRS. LAKSHMI	Client Code	KABLR978	Registered Date	20/05/2023 03:08 PM
ID Number	HH043959	Client Name	SUNRISE HOSPITAL	Collected Date	20/05/2023 04:41 PM
Gender	FEMALE	Ref. By	DR. SELF	Received Date	20/05/2023 04:41 PM
Age	66 YEAR(S)	Report Status	Final	Reported Date	22/05/2023 04:28 PM

Test	Results	Units	Reference Range
<b>BIOCHEMISTRY</b>			
NT-PRO BNP (N-Terminal Pro B Type Natriuretic Peptide) - SERUM	287	pg/mL	< 115.00

Comment: Values rechecked kindly correlate clinically

#### Note

- NT-pro-BNP value increases with age, elevated levels can be seen in apparently healthy individual with increasing age
- NT-pro-BNP values need to be interpreted in conjunction with the medical history, clinical findings and other information
- Lack of NT-ProBNP elevation has been reported if Congestive Heart Failure (CHF) is very acute (first hour) or if there is Ventricular inflow obstruction

#### Comment

N-terminal precursor of brain natriuretic peptide (NT-proBNP) are released from myocardial cells in response to volume expansion and increased wall tension. They are well-established rule-out tools for cardiac disease in unselected communities. NT pro-BNP value <125 pg/mL exclude cardiac dysfunction with a high level of certainty in patients presenting with dyspnea. As the value increases heart failure becomes more likely, NT-ProBNP levels are correlated with New York Heart Association (NYHA) functional classes for CHF. However, the role of natriuretic peptides extends beyond heart failure diagnosis; it is a clinical support tool in risk stratification and management in both inpatient and outpatient settings. Recent studies have shown NT-proBNP testing can also be used for Cardiovascular risk assessment in asymptomatic patients with Type 2 Diabetes Mellitus

Optimal Cut-Off (pg/mL)	Sensitivity (%)	Specificity (%)	PPV (%)	NPV (%)
300	99	68	62	99
450	98	76	68	99
900	90	85	76	94

-- End of Report --



23H0114414

Page 1 / 1

*Robina*

Dr. Robina Nazeer  
MBBS, MD(Path)

If test results are alarming or unexpected, client is advised to contact the laboratory immediately for possible remedial action.

## Sri Sunrise Pharma

#9 Dr Shet Building Keerthi Harmony road near Raghveendra circle Ramamurthy Nagar Bangalore-560016.

PhNo:9343446998.EmailId:Nrsthrsthi@gmail.com

## SALES INVOICE

DL NO KA-B51-200203

GST NO

BillNo SB23804

Customer G Lakshmi IP1301

Consultant Dr.PAVAN RAJ N

BillDate 20/05/2023 15:47:00

## Cash Bill

S#	DrugName	BatchNo	Expiry	Qty	MRP	GST	Total
1	PANTAVEE 40 IV	J10256	6/23	1	49.7	12 %	49.7
2	TRAMATAS INJ 2ML	L2206058	5/24	1	26.05	12 %	26.05
3	ONDET 2MG INJ	IO-0854	9/24	2	14.54	12 %	29.08
4	TROXONE 1GM INJ	MCFI-004	2/24	2	60.5	5 %	121
5	VERTIN 16MG TAB	RBIB22024	11/23	6	19.72	12 %	118.32
6	CILACAR 10 MG TAB	KC922053	10/25	2	11.74	12 %	23.48
7	NS 100ML (ALKEM)	ms21409	11/24	3	37.92	12 %	113.76
8	HUMAN ACTRAPID 40IU	B70712	12/24	1	175.48	5 %	175.48
9	OPTINEURON FORTE INJ	NOF2168	2/24	1	28.95	12 %	28.95
10	IV SET PREMIUM	22G07MB101	6/25	2	159	12 %	318
11	NIPRO SYRINGE 10ML	22K14K43	4/25	1	23	12 %	23
12	NIPRO SYRINGE 10ML	22K14K43	4/25	1	23	12 %	23
13	NIPRO SYRINGE 5ML	22D17K98	6/27	4	8.25	12 %	33
14	NIPRO SYRINGE 2.5ML	21J23K93	1/28	9	9.6	12 %	38
15	GLOVES M	JULY	5/24	6	24	12 %	144
16	DISPOVAN NEEDAL 24	03054P	12/24	25	25	12 %	7.5
17	DISPOVAN NEDALL 18*1.1/2	28264C	6/27	25	25	12 %	5
18	THREE WAY EXTENS 10 CM	G2206109	1/27	316	316	12 %	316
19	INSULIN SYRINGE 1ML	225014BG	4/24	9	9	12 %	9
20	VASOFIX IV CATCH 20G	20D23G8347	4/25	21	21	12 %	211
21	EASYFIX(IV PLAST)	EFME211022	10/25	47	47	12 %	47

Total Amount : 1,866.32

Net Amount : 1,866.32

Balance : 0

Discount : 0

Paid Amount : 1,866

**SRI SUNRISE PHARMA**  
 #9 Dr Shet Building  
 Keerthi Harmony Road  
 Jayanthi Nagar  
 Ramamurthy Nagar,  
 BANGALORE - 560 016



## Sri Sunrise Pharma

#9 Dr Shet Building Keerthi Harmony road near Raghvendra circle Ramamurthi Nagar Bangalore-560016.

PhNo:9343446998.EmailId:Nrsthrsthr@gmail.com

## SALES INVOICE

DL NO KA-B51-200203

GST NO

BillNo SB23819

## Cash Bill

Customer G Lakshmi IP1301

Consultant Dr.PAVAN RAJ N

BillDate 21/05/2023 20:30:00

S#	DrugName	BatchNo	Expiry	Qty	MRP	GST	Total
1	TROXONE 1GM INJ	MCFI-004	2/24	1	60.5	5 %	60.5
2	PANTAVEE 40 IV	J10256	6/23	1	49.7	12 %	49.7
3	ONDET 2MG INJ	IQ-0954	9/24	1	14.54	12 %	14.54
4	NIPRO SYRINGE 10ML	22K14K43	9/24	2	23	12 %	48
5	NIPRO SYRINGE 2.5ML	21J23K93	1/28	1	9.5	12 %	9.5
6	VASOFIX IV CATCH 20G	20D23G8347	4/25	1	211	12 %	211
7	EASYFIX(IV PLAST)	EFME021222	11/25	1	47	12 %	47
8	OPTINEURON FORTE INJ	NOF2168	2/24	1	28.95	12 %	28.95
9	ONDET 2MG INJ	IQ-0954	9/24	1	14.54	12 %	14.54
10	TROXONE 1GM INJ	MCFI-004	2/24	1	60.5	5 %	60.5
11	NIPRO SYRINGE 10ML	22K14K43	9/24	1	23	12 %	23
12	NIPRO SYRINGE 2.5ML	21J23K93	1/28	2	9.5	12 %	19
13	TROXONE 1GM INJ	MCFI-004	2/24	2	60.5	5 %	121
14	PANTAVEE 40 IV	J10256	6/23	1	49.7	12 %	49.7
15	ONDET 2MG INJ	IQ-0954	9/24	2	14.54	12 %	29.08
16	NIPRO SYRINGE 10ML	22K14K43	9/24	2	23	12 %	115

Total Amount : 899.01

Net Amount : 899.01

Discount : 0

Paid Amount : 899

Prepared by : Pharma

SGST

GST 5.00 5.76

GST 12.00 35.21

Total 40.97

**SRI SUNRISE PHARMA**  
 # 9, Dr. Shet's Building,  
 Keerthi Harmony Road,  
 Jayanthi Nagar Main Road,  
 Ramamurthi Nagar,  
 Bangalore - 560016

For Pharmacy

Total Amt  
 899.01  
 899.01

## Sri Sunrise Pharma

#9 Dr Shet Building Kaerthi Harmony road near Raghvendra circle Ramamurthi Nagar Bangalore-560016.

PhNo:9343446998.EmailId:Nrsthrst@gmail.com

## SALES INVOICE

DL NO : KA-B51-200203

GST NO :

BillNo : SB23843

## Cash Bill

Customer : G Lakshmi IP1301

Consultant : Dr.PAVAN RAJ N

BillDate : 22/05/2023 21:26:00

S#	DrugName	BatchNo	Expiry	Qty	MRP	GST	Total
1	ENEMA SODIUM 100ML	3314	7/24	1	60	12 %	60
2	MONOCEF 1GM INJ	DCG220124	12/24	1	67.04	12 %	67.04
3	NIPRO SYRINGE 10ML	22K14K43	9/24	1	23	12 %	23
4	NIPRO SYRINGE 2.5ML	21J23K93	2/26	1	16	12 %	16
5	DULCOFLEX SUP CHILD	SC22080	9/24	2	10.48	12 %	20.96
6	DULCOFLEX 5MG TAB	DLA23004	12/25	1	1.17	12 %	1.17
7	OPTINEURON FORTE INJ	NOF2168	10/23	1	28.95	12 %	28.95
8	NS 100ML (ALKEM)	ms21409	11/24	1	37.92	12 %	37.92
9	NIPRO SYRINGE 2.5ML	21J23K93	2/26	1	16	12 %	16
10	ONDET 2MG INJ	IO-0954	9/24	1	14.54	12 %	14.54
11	PARACIP 650MG TAB	CP00547	11/23	2	2.05	12 %	4.1
12	THROMBOPHOB OINT	1201342	12/24	1	102	12 %	102
13	NIPRO SYRINGE 10ML	22K14K43	9/24	2	23	12 %	46

Total Amount : 437.68

Net Amount : 437.68

Balance : 0

Discount : 0

Paid Amount : 438

Prepared by : Pharma

For Pharmacy

	SGST	CGST	GST	TotalAmt
GST 12.00	23.445	23.445	46.89	437.68
Total	23.445	23.445	46.89	437.68

**Sri Sunrise Pharma**

#9 Dr Shet Building Keerthi Harmony road near Raghvendra circle Ramamurthi Nagar Bangalore-560016.

PhNo:9343446998.EmailId:Nrsthrstth@gmail.com

**SALES INVOICE**

DL NO :KA-B51-200203

GST NO :

BillNo :SB23845

Credit Bill

Customer : G LAKSHMI Trust

Consultant : Dr.Add "PAVAN RAJ"

BillDate : 22/05/2023 22:22:00

S#	DrugName	BatchNo	Expiry	Qty	MRP	GST	Total
1	HUMAN MIXTARD 40IU	B-52429	4/24	1	158.42	12 %	158.42
2	SOMPRAZ 40 TAB	SI0070A	12/25	6	10.17	12 %	61.02

Total Amount : 219.44

Discount : 0

Net Amount : 219.44

Balance : 219.44

Paid Amount : 0

Prepared by : Pharma

For Pharmacy

	SGST	CGST	GST	TotalAmt
GST 12.00	11.755	11.755	23.51	219.44
Total	11.755	11.755	23.51	219.44

9





# SUNRISE HOSPITAL

# 9, Keerthi Harmony Apartment Road,  
Near Raghavendra Circle, Ramamurthy Nagar, Bangalore - 560016.  
E-mail : sunrisehospital04@gmail.com | Website : www.sunrisehospital.care

No.

Prescription

Date

22/05/23

Mrs. Lakshmi

Rs.

Ps.

R<sub>x</sub>

Sups-Ducolex 10mg - (2)  
glucose - (5)

Total



# SUNRISE HOSPITAL

#9, Keerthi Harmony Apartment Road,

Near Raghavendra Circle, Ramamurthy Nagar, Bangalore - 560016

E-mail : [sunrisehospital04@gmail.com](mailto:sunrisehospital04@gmail.com) | Website : [www.sunrisehospital.care](http://www.sunrisehospital.care)

No.

Prescription

Date

22/5/23

Mrs. Lakshmi

Rs.

Ps.

R<sub>x</sub>

PC Enema

DLs glous. spais

Sign.

Total



# SUNRISE HOSPITAL

#3, Keerthi Harmony Apartment Road,

Near Raghavendra Circle, Ramamurthy Nagar, Bangalore - 560016.

E-mail : [sunrisehospital04@gmail.com](mailto:sunrisehospital04@gmail.com) | Website : [www.sunrisehospital.org](http://www.sunrisehospital.org)

No.

Prescription

Date

22/12/22

Rs.

Ps.

R<sub>x</sub>

Lactam

T. Sulcoflex

①

Sign.

Total





# SUNRISE HOSPITAL

# 9, Keerthi Harmony Apartment Road,  
Near Raghavendra Circle, Ramamurthy Nagar, Bangalore - 560016  
E-mail : sunrisehospital04@gmail.com | Website : www.sunrisehospitalcare

No.

Prescription

Date :

22/5/23

Rs.

Ps.

R<sub>x</sub>

G. Lakshmi

Inj: optineuron  
100ml NS

amp - (1)

(1)

T. Eccinell log

— (1)

2ml

(2)

Inj: Emerat

— (1)

Sign.

Total



# SUNRISE HOSPITAL

# 9, Keerthi Harmony Apartment Road,

Near Raghavendra Circle, Ramamurthy Nagar, Bangalore - 560016

E-mail : sunrisehospital04@gmail.com | Website : www.sunrisehospital.com

No.

Prescription

Date

22/5/23

Mrs. C. Lakshmi

Rs.

Ps.

R<sub>x</sub>

Inj - Monocel 1gm - ①

~~Inj - Emerel 1gm - ①~~

Dls 10cc ①

Dls 2cc ①

Sign.

Total



# SUNRISE HOSPITAL

#9, Keerthi Harmony Apartment Road,

Near Raghavendra Circle, Ramamurthy Nagar, Bangalore - 560016

E-mail : sunrisehospital04@gmail.com | Website : www.sunrisehospitalcare

No.

Prescription

Date :

21/05/23

Mrs. G. Lakshmi

Rs.

Ps.

Rx

Tab - Dolo 650mg (2)

Ointment - Thromboplop (1)

Sign.

Total





# SUNRISE HOSPITAL

# 9, Keerthi Harmony Apartment Road,

Near Raghavendra Circle, Ramamurthy Nagar, Bangalore - 560016.

E-mail : [sunrisehospital04@gmail.com](mailto:sunrisehospital04@gmail.com) | Website : [www.sunrisehospital.care](http://www.sunrisehospital.care)

No.

Prescription

Date

20/5/22

Mrs. G. Lakshmi

Rs.

Pg.

R<sub>x</sub>

inj. Monocet 1gm - ①

inj - Pan 40mg - ①

inj - Emeset 4mg - ①

DIS - 10CC - ③

5CC - ①

Total



# SUNRISE HOSPITAL

#9, Keerthi Harmony Apartment Road,

Near Raghavendra Circle, Ramamurthy Nagar, Bangalore - 560016.

E-mail : [sunrisehospital04@gmail.com](mailto:sunrisehospital04@gmail.com) | Website : [www.sunrisehospital.com](http://www.sunrisehospital.com)

No.

Prescription

Date

21/11/23

Rs.

Ps.

R<sub>x</sub>

G. Lakshmi

inj: Optineuron — (1)

inj: Emocet — (1)

inj: manocel — (1)  
1gm

syringe 10ml — (1)

2ml — (2)

Sign.

Total



# SUNRISE HOSPITAL

# 9, Keerthi Harmony Apartment Road,

Near Raghavendra Circle, Ramamurthy Nagar, Bangalore - 560016.

E-mail : [sunrisehospital04@gmail.com](mailto:sunrisehospital04@gmail.com) | Website : [www.sunrisehospital.care](http://www.sunrisehospital.care)

No.

Prescription

Date :

21/5/23

Mrs G Lakshmi.

Ps.

Rx

Cannula 20 way - 1  
Easy fix - 1

Sign.

Total



# SUNRISE HOSPITAL

# 9, Keerthi Harmony Apartment Road,  
Near Raghavendra Circle, Ramamurthy Nagar, Bangalore - 560016.  
E-mail : sunrisehospital04@gmail.com | Website : www.sunrisehospital.org

No.

Prescription

Date

21/5/23

Mrs Y Lakshmi

Rs.

Ps.

R<sub>x</sub>

cy Monocel 1gm - 1

cy pan 4mg - 1

cy Emeset 4mg - 1

Syringe 1cc - 2

Syringe 2cc - 1

Sign.

Total





# SUNRISE HOSPITAL

# 9, Keerthi Harmony Apartment Road,

Near Raghavendra Circle, Ramamurthy Nagar, Bangalore - 560016.

E-mail : [sunrisehospital04@gmail.com](mailto:sunrisehospital04@gmail.com) | Website : [www.sunrisehospital.com](http://www.sunrisehospital.com)

No.

Prescription

Date

20/5/20

Mr. C. Lakshmi

Rs.

Ps.

R<sub>x</sub>

Rp. Laxin 20mg



CS 100.

Total



# SUNRISE HOSPITAL

#9, Keerthi Harmony Apartment Road,  
Near Raghavendra Circle, Ramamurthy Nagar, Bangalore - 560016.  
E-mail : sunrisehospital04@gmail.com | Website : www.sunrisehospital.care

No.

Prescription

Date : 20/5/23

Mrs. Lakshmi

Rs.

Ps.

R<sub>x</sub>

D/S - 500 (2)

Iv C.Osmola NO-20 (1)

Easypore (1)

GRS - Needle (1)

D/S gloves (1)

Sign.

Total



# SUNRISE HOSPITAL

# 9, Keerthi Harmony Apartment Road,

Near Raghavendra Circle, Ramamurthy Nagar, Bangalore - 560015.

E-mail : sunrisehospital04@gmail.com | Website : www.sunrisehospital.org

No.

Prescription

Date

20/1/23

Mrs. Asakshmi

Rs.

Ps.

R<sub>x</sub>

Pi Pan 40mg — (1)

Pi Tranexodal — (1)

Pi Luvent 4mg — (2)

Pi Monocuf 1gm — (2)

Tabl: Vertin 16mg — (1)

Tabl: Cilacar 10mg — (2)

Suf als 1000mg — (3)

Pi H. Atropid — (1)

Pi optinum — (1)

Sign.

Pu Set — (2)

Total

10 cc — (2)

2 cc — (4)

5 cc — (2)

0/3 C lens — (4 pain)

Cereb. Synthesis — (2)

17 cc Methyl — (2)

3 cc — (1)

Cereb. Methyl — (2)  
Cereb. Methyl





# SUNRISE HOSPITAL

# 9, Keerthi Harmony Apartment Road, Near Raghavendra Circle,  
Ramamurthy Nagar, Bangalore - 560016.

E-mail : sunrisehospital04@gmail.com | Website : www.sunrisehospital.care

7795660561  
7795660562  
7795660563

## TEST REPORT

Patient Name	: Mrs. G Lakshmi	Bill No	: 6
Age / Gender	: 67Y / Female	Bill Date	: 21-May-2023 07:43 AM
Cons Dr	: Self	Reg No	: SRH7459 / IP1301
Ref Dr	: Self	Pat.Type	: IP
Lab No	: Lab5390	Printed Date	: 21-May-2023 07:51 AM

Test Name	Results	Unit	Normal Ranges	Sample Type
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### BIOCHEMISTRY

Electrolytes-Na <sup>+</sup> ,K <sup>+</sup> ,Cl <sup>-</sup>				Serum
Sodium	137.9	mmol/L	134 - 145	Serum
Potassium	5.3	mmol/L	3.5 - 5.5	Serum
Chlorides	107.3	mmol/L	95 - 110	Serum

Report Clinical Note :

--- End of Report ---



# SUNRISE HOSPITAL

# 9, Keerthi Harmony Apartment Road, Near Raghavendra Circle,  
Ramamurthy Nagar, Bangalore - 560016.

E-mail : sunrisehospital04@gmail.com | Website : www.sunrisehospital.care

7795660561  
7795660562  
7795660563

## TEST REPORT

Patient Name	: Mrs. G Lakshmi	Bill No	: 7
Age / Gender	: 67Y / Female	Bill Date	: 22-May-2023 12:13 PM
Cons Dr	: Self	Reg No	: SRH7459 / IP1301
Ref Dr	: Self	Pat.Type	: IP
Lab No	: Lab5397	Printed Date	: 22-May-2023 12:15 PM

Test Name	Results	Unit	Normal Ranges	Sample Type
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### BIOCHEMISTRY

#### BS AND PPBS

Fasting Blood Sugar (FBS)				Plasma Fluoride
Fasting Blood Sugar	310	mg/dl	70 - 110	Plasma Fluoride
Post Prandial Blood Sugar (PPBS)				Plasma Fluoride
Post Prandial Blood Sugar	432	mg/dl	80 - 140	Plasma Fluoride

Report Clinical Note :

--- End of Report ---



# SUNRISE HOSPITAL

# 9, Keerthi Harmony Apartment Road, Near Raghavendra Circle,  
Ramamurthy Nagar, Bangalore - 560016.

E-mail : sunrisehospital04@gmail.com | Website : www.sunrisehospital.care

7795660561  
7795660562  
7795660563

## TEST REPORT

Patient Name	: Mrs. G Lakshmi	Bill No	: 3	
Age / Gender	: 67Y / Female	Bill Date	: 20-May-2023 02:10 PM	
Cons Dr	: Self	Reg No	: SRH7459 / IP1301	
Ref Dr	: Self	Pat.Type	: IP	
Lab No	: Lab5384	Printed Date	: 20-May-2023 02:12 PM	
Test Name	Results	Unit	Normal Ranges	Sample Type

### BIOCHEMISTRY

#### Renal Function Test (RFT)

Blood Urea	41	mg/dl	0 - 45	Serum
Blood Urea Nitrogen (BUN)	19.1	mg/dl	0 - 24	Serum
Creatinine Serum	1.4	mg/dl	0.6 - 1.4	Serum
Uric Acid	7.4	mg/dl	2.7 - 7.0	Serum
Electrolytes-Na <sup>+</sup> ,K <sup>+</sup> ,Cl <sup>-</sup>				Serum
Sodium	137	mmol/L	134 - 145	Serum
Potassium	5.2	mmol/L	3.5 - 5.5	Serum
Chlorides	105	mmol/L	95 - 110	Serum

Report Clinical Note :

--- End of Report ---



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7795660562  
7795660563

## TEST REPORT

Patient Name	: Mrs. G Lakshmi	Bill No	: 4	
Age / Gender	: 67Y / Female	Bill Date	: 20-May-2023 02:10 PM	
Cons Dr	: Self	Reg No	: SRH7459 / IP1301	
Ref Dr	: Self	Pat.Type	: IP	
Lab No	: Lab5385	Printed Date	: 20-May-2023 02:14 PM	
Test Name	Results	Unit	Normal Ranges	Sample Type

### CLINICAL PATHOLOGY

#### Urine Routine

##### PHYSICAL EXAMINATION (UR)

Colour	PALE YELLOW	Urine
Volume	25ML	Urine
Appearances	S.TURBID	Urine
PH	5.0	Urine
Specific Gravity	1.005	Urine

##### CHEMICAL EXAMINATION (UR)

Albumin	TRACE	NIL	Urine
Sugar	PRESENT(2.0%)	NIL	Urine
Bile Salts	ABSENT	Absent	Urine
Bile Pigments	ABSENT	Absent	Urine
Urobilinogen	NORMAL	Normal	Urine
Ketone	ABSENT	Absent	Urine
Blood	PRESENT(+++)	Absent	Urine

##### MICROSCOPIC EXAMINATION (UR)

Pus Cells	6-7	/hpf	< 4	Urine
Epithelial Cells	8-9	/hpf	< 4	Urine
RBCs	3-4	/hpf	NIL	Urine
Casts	ABSENT			





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## TEST REPORT

Patient Name	: Mrs. G Lakshmi	Bill No	: 4
Age / Gender	: 67Y / Female	Bill Date	: 20-May-2023 02:10 PM
Cons Dr	: Self	Reg No	: SRH7459 / IP1301
Ref Dr	: Self	Pat.Type	: IP
Lab No	: Lab5385	Printed Date	: 20-May-2023 02:14 PM

Test Name	Results	Unit	Normal Ranges	Sample Type
Crystal	ABSENT			Urine
Bacteria	ABSENT		Absent	Urine
Others	ABSENT			Urine

Report Clinical Note :

--- End of Report ---

NAME: <u>C. LAKSHMI</u>	TIME: <u>5:45 PM</u>
AGE: <u>67 YRS</u>	DATE: <u>20/05/2023</u>
SEX: <u>FEMALE / MALE</u>	INDICATION: <u>ALDONAL</u>

### ECHOCARDIOGRAPHIC STUDY

#### DIMENSIONS

M MODE MEASUREMENT	TEST VALUES		NORMAL VALUES
AORTA	<u>22</u>	mm	20-37 mm
LA	<u>26</u>	mm	24-40 mm
LVIDD	<u>43</u>	mm	37-53 mm
LVIDS	<u>29</u>	mm	24-36 mm
LVPWD	<u>12</u>	mm	6-12 mm
EF	<u>60</u>	%	>50%
IVSD	<u>10</u>	mm	6-12 mm

#### VALVES:

MITRAL VALVE : MV E/A = 0.77  
 TRICUSPID VALVE : TV E/A = 0.81  
 AORTIC VALVE : AV PEAK PG = 6.74 mm Hg  
 PULMONARY VALVE : PV PEAK PG = 3.62 mm Hg

CHAMBERS		IVS		PERICARDIUM	
LEFT ATRIUM	<u>0</u>	IAS	<u>0</u>	CLOTS	<u>no</u>
RIGHT ATRIUM	<u>0</u>	AORTA	<u>0</u>	VEGETATION	<u>no</u>
LEFT VENTRICLE	<u>0</u>	PULMONARY ARTERY	<u>0</u>	MASS	<u>no</u>
RIGHT VENTRICLE	<u>0</u>	RWMA <u>no RWMA</u>	<u>0</u>	SHUNTS	<u>no</u>

#### IMPRESSION:

NORMAL LUSF/EF = 60%  
 NO RWMA  
 GRAD I LVPD  
 NORMAL VALVES  
 NO CM / NO VCL  
 NO PE / NO PAH

*Signature*

**Dr. Agilan M. Doraiswamy**

**Dr. AGILAN M. DORAISWAMY**

MBBS, DCH (Diag), DNB, PGDHS (USG), FCGP, MACGP (UK),  
 MSc (Diabetology), Fellowship in Diabetology, Dip. Cardiology

Consultant Physician, Sonologist and Non-Invasive Cardiologist

M.B.B.S. D.M. DCH (Diag), PGDHS (USG), FCGP, MACGP (UK)  
 MSc (Diabetology), Fellowship in Diabetology, Dip. Cardiology  
 IMC NO. 62403 RCGP (UK) NO. 101868  
 Consultant Physician, and Non-Invasive Cardiologist

**Note:** Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly. This Report is not for Medico - Legal Purposes.



## TEST REPORT

Lab. Id	: P1615895	Hosp. UHID	:	Reg. Date	: 19-May-2023 / 12:15 PM
Name	: MRS. LAKSHMI			Collection	: 19-May-2023 / 12:16 PM
Age/Gender	: 67Y-1D / Female			Received	: 19-May-2023 / 15:40 PM
Collected At	: KALYAN NAGAR FPEC (CARE SOURCE)			Report	: 19-May-2023 / 17:37 PM
Referral Dr	: DR. RAJESH C	Report Status	: Preliminary	Print	: 19-May-2023 / 17:45 PM
Bed	:				

## Biochemistry

Investigation	Observed Value	Unit	Biological Ref. Interval	Specimen
<b>KIDNEY FUNCTION TEST</b>				
UREA Method: UREASE	48	mg/dl	< 39	Serum
CREATININE Method: Enzymatic	1.57	mg/dl	0.50-0.80	Serum
URIC ACID Method: UriCase	7.6	mg/dl	3.1-7.8	Serum
TOTAL PROTEIN Method: Biuret	6.8	g/dL	5.7-8.2	Serum
ALBUMIN Method: Bromocresol Purple	3.6	g/dL	3.4-5.0	Serum
GLOBULIN Method: Calculated	3.2	g/dL	2.3-3.5	Serum
A/G RATIO Method: Calculated	1.13		1 - 2	Serum
ALKALINE PHOSPHATASE Method: IFCC	113.0	U/L	46-116	Serum
CALCIUM Method: OCPC	9.0	mg/dl	8.5-10.1	Serum
PHOSPHORUS Method: PHOSPHOMOLYBDATE	3.7	mg/dl	2.6-4.7	Serum
SODIUM Method: Indirect ISE	135	mmol/l	137-145	Serum
POTASSIUM Method: Indirect ISE	5.3	mmol/l	3.5-5.1	Serum
CHLORIDE Method: Indirect ISE	108	mmol/l	98-107	Serum

Remarks: Kindly correlate clinically.

Note:- Serum Uric acid reference range has been updated with effect from 28/12/2022.

### Comments:

Kidneys play several vital roles like filtration/removal of toxic wastes and metabolites from the blood, RBC production, Vitamin D metabolism and regulation of blood pressure. It is recommended in following conditions:


1. To evaluate kidney functioning in normal individuals as screening test
2. To aid in diagnosis of kidney related disorders (Acute and chronic renal failure, pyelonephritis, End Stage Renal Disease)
3. To screen those who may be at risk of developing kidney disorders (Diabetes, Hypertension, Cardiovascular diseases)
4. To monitor someone on treatment for kidney related disorders
5. To monitor effects of nephrotoxic drugs (given for other conditions) on kidneys (Vancomycin, methotrexate, some antivirals etc)

Results of the panel are usually considered together, rather than separately. Individual test result can be abnormal due to causes other than kidney disease, but taken together with risks and signs and symptoms, they may give an indication of whether kidney disease is present.

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Bed	:				

Verified By: 197097

  
Dr. Doddappa M B  
PhD (Medical Biochemistry)  
Consultant

--- End Of Report ---

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Referral Dr	: DR. RAJESH C	Report Status	: Preliminary	Print	: 19-May-2023 / 17:45 PM
Bed	:				

## Haematology

Investigation	Observed Value	Unit	Biological Ref. Interval	Specimen
<b>COMPLETE BLOOD COUNT</b>				
<b>RBC Parameters</b>				
Haemoglobin <small>Method: Photometry</small>	11.7	gm/dl	11.8-15.8 g/dL	EDTA WB
RBC Count <small>Method: Electrical Impedance/Flowcytometry</small>	4.1	mill/ul	3.7-4.8 mill/cmm	EDTA WB
PCV <small>Method: Calculated</small>	36.4	%	35-50	EDTA WB
MCV <small>Method: Calculated</small>	86.8	fL	80-101	EDTA WB
MCH <small>Method: Calculated</small>	28.0	pg	27.0-34.0	EDTA WB
MCHC <small>Method: Calculated</small>	32.3	g/dL	31.5-36.0	EDTA WB
RDW-CV <small>Method: Calculated</small>	12.6	%	11.6-14.0	EDTA WB
<b>WBC Parameters</b>				
Total WBC Count <small>Method: Electrical Impedance/Flowcytometry</small>	10780	/cmm	4000-11000	EDTA WB
<b>WBC Differential</b>				
Neutrophils <small>Method: Calculated</small>	67.9	%	40-80	EDTA WB
Lymphocytes <small>Method: Calculated</small>	24.7	%	20-45	EDTA WB
Monocytes <small>Method: Calculated</small>	5.1	%	2-10	EDTA WB
Eosinophils <small>Method: Calculated</small>	2.0	%	1-6	EDTA WB
Basophils <small>Method: Calculated</small>	0.3	%	0-2	EDTA WB
<b>Absolute Counts</b>				
Absolute Neutrophils <small>Method: Measured</small>	7320	/cmm	1700-8800	EDTA WB
Absolute Lymphocytes <small>Method: Measured</small>	2662	/cmm	1100-4000	EDTA WB
Absolute Monocytes <small>Method: Calculated</small>	540	/cmm	100-1000	EDTA WB
Absolute Eosinophils <small>Method: Measured</small>	220	/cmm	20-500	EDTA WB
Absolute Basophils <small>Method: Measured</small>	40	/cmm	0-200	EDTA WB
<b>Platelet Parameters</b>				



## TEST REPORT

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Collected At	: KALYAN NAGAR FPEC (CARE SOURCE)			Report	: 19-May-2023 / 16:00 PM
Referral Dr	: DR. RAJESH C	Report Status	: Preliminary	Print	: 19-May-2023 / 16:44 PM
Bed	:				

<b>Platelet Count</b>	312000	/cmm	150000-400000	EDTA WB
<small>Method: Electrical Impedance/Flowcytometry</small>				
<b>MPV</b>	9.1	fl	6 - 10	EDTA WB
<small>Method: Calculated</small>				

### Comments:

- A complete blood count (CBC) is a blood test which measures several cellular components of blood and is used to evaluate overall health and detect a wide range of disorders.
- It is used to determine one's general health status; to screen for, diagnose, or monitor a variety of diseases and conditions that affect blood cells, such as anemia, infection, inflammation, bleeding disorder or cancer.
- A decrease in hemoglobin levels/ RBC count lower than the normal reference range for the given age can signify anemia. Further investigation with iron studies, vitamin B12 and folic acid levels will help in determining the cause and assist in further treatment. Red cell indices help in classification of anaemia and give a clue to their etiology. An increase in haemoglobin level may signify polycythemia, dehydration and is often seen in smokers.
- White blood cell (WBC) counts and their differential counts (DC) are used to diagnose infections(bacterial/viral), allergies, inflammatory conditions and leukemias.
- Platelets help in clotting of blood, any substantial decrease may increase the risk of bleeding

### Note

The differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood as per the recommendation of International council for Standardization in Hematology.

Verified By: 199487

Hema N Anadure

**Dr. HEMA N ANADURE**  
M.D (Pathology)  
Consultant

--- End Of Report ---

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Collected At	: KALYAN NAGAR FPEC (CARE SOURCE)			Report	: 19-May-2023 / 16:18 PM
Referral Dr	: DR. RAJESH C	Report Status	: Preliminary	Print	: 19-May-2023 / 16:44 PM
Bed	:				

## Biochemistry

Investigation	Observed Value	Unit	Biological Ref. Interval	Specimen
GLUCOSE, FASTING (F) Method: Hexokinase	372.0	mg/dl	Non-Diabetic: < 100 Prediabetes: 100-125 Diabetic: ≥ 126	Fluoride Plasma (F)

### Comments:

Glucose is a simple sugar(monosaccharide) obtained by breakdown of carbohydrates. It is the main source of energy in the body. This test measures glucose levels in the blood after 8-12 hrs of fasting.

### Clinical uses:

1. Diagnosis and monitoring of Diabetes(hyperglycemia)
2. Diagnosis and monitoring of Hypoglycemia
3. Diagnosis of some endocrinal disorders.

### High levels are seen in:

1. Diabetes - Type 1 and 2
2. Gestational Diabetes
3. Stress, surgery
4. Endocrinal disorders - Hyperthyroidism, Hypercortisolism
5. Pancreatic disorders - Pancreatitis, Glucagonoma
6. Drugs such as steroids, Hydrocortisone

### Low levels are seen in:

1. Insulinoma
2. Overdose of Anti diabetic drugs & Insulin
3. Starvation
4. Endocrinal disorders - Hypothyroidism, Hypopituitarism, Addison's disease
5. Chronic kidney and liver disorders

Verified By: 187307



Dr. Supriya  
MBBS MD (Biochemistry)  
Consultant Biochemistry

## --- End Of Report ---

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Bed	:				

## Biochemistry

Investigation	Observed Value	Unit	Biological Ref. Interval	Specimen
---------------	----------------	------	--------------------------	----------

### AMYLASE, SERUM

AMYLASE	110.0	U/L	25-115	Serum
---------	-------	-----	--------	-------

Method: CUPG

### PEDIATRIC REFERENCE INTERVAL

Age group	(U/L)
0-30 days	22-92
1-6 months	8-71
7 months - 1 yr	24-98
1-17 yr	31-110

### Comments:

Amylase is an enzyme that catalyses breakdown of starch into sugars (di and trisaccharide). It is secreted by the pancreas and salivary glands. A high amylase level in the blood may indicate the presence of a condition affecting the pancreas. In acute pancreatitis, amylase in the blood often increases to 4 to 6 times high, within 4 to 8 hours of injury to the pancreas and generally remains elevated until the cause is successfully treated. The amylase values will then return to normal in a few days. In chronic pancreatitis, amylase levels initially will be moderately elevated but often decrease over time with progressive pancreas damage.

The magnitude of increase in amylase level does not indicate severity of pancreatic disease.

### High levels are seen in:

1. Acute pancreatitis (alcohol, autoimmune) and Acute exacerbation of chronic pancreatitis
2. Drug induced pancreatitis (aminosalicylic acid, azathioprine, steroids, thiazides, mercaptopurine etc)
3. Pancreatic duct obstruction (Stone formation, cancer)
4. Pancreatic trauma and other complications (abscess, pseudocyst)
5. Salivary gland diseases (Sialadenitis, mumps, duct obstruction etc)
6. Macroamylasemia

### Low levels are seen in:

1. Extensive pancreatic destruction
2. Severe liver damage (hepatitis, poisoning, severe burns etc)

Verified By: 187307

Dr. Doddappa M B  
PhD (Medical Biochemistry)  
Consultant

--- End Of Report ---

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Referral Dr	: DR. RAJESH C	Report Status	: Preliminary	Print	: 19-May-2023 / 17:45 PM
Bed	:				

## Biochemistry

Investigation	Observed Value	Unit	Biological Ref. Interval	Specimen
<b>GLYCOSYLATED HEMOGLOBIN (HbA1c)</b>				
HbA1c	12.9	%	Normal/Non-Diabetic Level: 4 - 5.6 Prediabetic Level: 5.7-6.4 Diabetic Level: > 6.5 Well Controlled Diabetes: <7.0 Unsatisfactory Control: 7.1 - 8 Poor Control: >8.0	EDTA WB
Method: HPLC				
<b>ESTIMATED AVERAGE GLUCOSE</b>	323.53	mg/dl		EDTA WB
Method: Calculated from HbA1c				

### Comments:

In persons with diabetes, optimal HbA1c value is as advised by your doctor.

Glucose combines with Hb continuously and nearly irreversibly during the lifespan of RBCs (120 days). Therefore, Glycosylated Haemoglobin will be proportional to mean plasma Glucose during previous 6-12 weeks. Mean blood Glucose in first 30days (day 0-30) before sampling GHb contributes approximately 50% to final GHb value, whereas days 90-120 contribute only approximately 10%. Time to reach a new steady state is approximately 30-35 days.

A long-term diabetic who has recent good control may still show higher HbA1c% and a normal (or diabetic with previous good control) individual with recent poor control can show normal (or lower than expected) HbA1c levels.

HbA1c in pregnancy has limited role in diagnosing gestational diabetes. Physiological changes lower HbA1c levels, and pregnancy-specific reference ranges may need to be recognized. In these cases, a fasting plasma glucose, oral glucose tolerance test or fructosamine test should be used for screening or diagnosing diabetes.

Verified By: 197581

Dr. Doddappa M B  
PhD (Medical Biochemistry)  
Consultant

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Bed	:				

## Biochemistry

Investigation	Observed Value	Unit	Biological Ref. Interval	Specimen
<b>LIPID PROFILE</b>				
TOTAL CHOLESTEROL Method: CHOD-PDD	193.0	mg/dl	Optimal : < 200 Border Line : 200 - 239 High : >= 240	Serum
TRIGLYCERIDES Method: GOD-PDD	204.0	mg/dl	Optimal : <150 Borderline-high: 150 - 199 High: 200 - 499 Very high: >500	Serum
HDL CHOLESTEROL Method: Elimination/Catalase	43	mg/dl	Desirable: >60 Borderline: 40 - 60 Low (High risk): <40	Serum
Non HDL CHOLESTEROL Method: Calculated	150	mg/dl	Optimal : <130 Above Optimal : 130 - 159 Border Line High : 160 - 189 High : 190 - 219 Very High : >=220	Serum
LDL CHOLESTEROL Method: Elimination/Catalase	142.4	mg/dl	Optimal: <100 Above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: >190	Serum
VLDL Method: Calculated	40.8	mg/dl	2.0-31.2	Serum
TOTAL CHOLESTEROL/HDLC RATIO Method: Calculated	4.49		0-4.5	Serum
LDLC/HDLC RATIO Method: Calculated	3.31		0 - 3.5	Serum

### Comments:

Lipid profile is a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The lipid panel is used as part of a cardiac risk assessment to help determine your risk of heart disease and to help make decisions about what treatment may be best if you have borderline, intermediate or high risk.

The results of the lipid panel are considered along with other known risk factors of heart disease to develop a plan of treatment and follow up. Depending on the results and other risk factors, treatment options may involve lifestyle changes such as diet and exercise or medications that lower lipid levels, typically statins.

Additionally a lipid panel may be used to monitor whether treatment has been effective in lowering cholesterol levels.

### NLA 2014-15 guidelines:

1. Non-HDL-C (calculated as total C - HDLC) represents the sum of cholesterol carried by all potentially atherogenic, apo B-containing lipoprotein particles, including LDL, IDL, Lp (a), VLDL (including VLDL remnants), and chylomicron particles and remnants.
2. An elevated level of cholesterol carried by circulating apolipoprotein (apo) B-containing lipoproteins (non- HDL-C and LDL-C; termed atherogenic cholesterol) is a root cause of atherosclerosis/ASCVD. HDL-C is responsible for lowering peripheral tissue cholesterol(reverse transport), inturn reducing risk of ASCVD.
3. Apolipoprotein B, hsCRP, Lp(a) and LP-PLA2 testing should be considered in patients with moderate risk for ASCVD.

## TEST REPORT

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Name	: MRS. LAKSHMI			Collection	: 19-May-2023 / 12:16 PM
Age/Gender	: 67Y-1D / Female			Received	: 19-May-2023 / 15:40 PM
Collected At	: KALYAN NAGAR FPEC (CARE SOURCE)			Report	: 19-May-2023 / 17:37 PM
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Bed	:				

4. In all adults (>20 years of age), a fasting or nonfasting lipid profile should be obtained at least every 5 years. At a minimum, this should include total cholesterol and HDL-C, which allows calculation of non-HDL-C (total-C - HDL-C). If fasting (generally 9-12 hours), the LDL-C level may be calculated, provided that the triglyceride concentration is <400 mg/dL.

5. Apo B is considered an optional, secondary target for treatment. Epidemiologic studies have generally shown that both apo B and non-HDL-C are better predictors of ASCVD risk than LDL-C. Apo B and non-HDL-C share the advantage that neither requires fasting sample for accurate assessment.

6. Elevated triglyceride level is not a target of therapy per se, except when very high (>500 mg/dL). When triglycerides are between 200 and 499 mg/dL, the targets of therapy are non-HDL-C and LDL-C. When triglycerides are very high (>500 mg/dL, and especially if >1000 mg/dL), reduction to <500 mg/dL to prevent pancreatitis becomes the primary goal of therapy.

7. Lifestyle therapies for ASCVD risk reduction generally include interventions aimed at (1) dietary modifications (2) reducing total energy intake to lower body weight and adiposity for those who are overweight or obese; (3) exercise (4) improving risk factors associated with the metabolic syndrome (adiposity, dyslipidemia, high blood pressure, and elevated plasma glucose); and (5) ceasing tobacco use.

Verified By: 197097

  
**Dr. Doddappa M B**  
PhD (Medical Biochemistry)  
Consultant

--- End Of Report ---

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## Biochemistry

Investigation	Observed Value	Unit	Biological Ref. Interval	Specimen
<b>THYROID PROFILE, TOTAL</b>				
T3, TOTAL Method: CLIA	0.68	ng/ml	0.60-1.81	Serum
T4, TOTAL Method: CLIA	6.8	ug/dL	4.5-10.9	Serum
THYROID STIMULATING HORMONE (TSH) Method: CLIA	2.40	μIU/mL	0.55-4.78	Serum

### PEDIATRIC REFERENCE INTERVAL

Age group	T3 (ng/ml)	T4 (μg/dl)	TSH (μIU/ml)
Infants (01-23 months)	1.17-2.39	6.0-13.2	0.87-6.15
Children (02-12 years)	1.05-2.07	5.5-12.1	0.67-4.16
Adolescents (13-20 years)	0.86-1.92	5.5-11.1	0.48-4.17

As per American Thyroid Association (ATA), treatment goal of TSH levels in pregnancy

Trimester	TSH
Pregnancy 1st trimester:	0.10-2.50 μIU/ml
Pregnancy 2nd trimester:	0.20-3.00 μIU/ml
Pregnancy 3rd trimester:	0.30-3.00 μIU/ml

Reference Range Pregnant Euthyroid Total T4 ug/dl: 6.4-10.7 ug/dl

### Comments:

Thyroid function tests are a series of blood tests used to measure how well your thyroid gland is functioning. The thyroid produces 2 major hormones **Triiodothyronine T3 and Thyroxine T4**.  
**Thyroid stimulating hormone TSH** - is a part of thyroid function test. It is a hormone secreted by pituitary gland in response to thyroid hormone levels. It is secreted in larger amount if thyroid hormone levels are low and vice versa. TSH also exhibits circadian variations. Low levels are found during daytime and peaks are found during just after midnight. The best way to avoid false fluctuations in lab test results is to have your thyroid levels checked under same conditions.  
 Pregnancy has profound impact on thyroid gland and thyroid function. The gland increases 10-40% in size, along with approximately 50% increase in T3/T4 production and 50% increase in iodine requirements. In most normal Pregnancies, TSH levels are Lower than pre-pregnancy levels. This is more profound in twin pregnancies. **Hypothyroidism** - Thyroid hormone deficiency  
 Symptoms - weight gain, lack of energy, depression, brittle hair & nails  
 Causes - Hashimoto's thyroiditis, congenital hypothyroidism, Iodine deficiency etc.  
**Hyperthyroidism** - Thyroid hormone excess.  
 Symptoms - weight loss, anxiety, tremors, diarrhoea  
 Causes - Grave's disease, Toxic adenoma, Toxic Multinodular goitre, Thyroiditis etc.  
 Medications like steroids, aspirin, lithium, amiodarone and radio-iodine dye used in radiological procedures can interfere with Thyroid Function Test results.

Verified By: 197097

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Bed	:				

## Biochemistry

Investigation	Observed Value	Unit	Biological Ref. Interval	Specimen
<b>LIVER FUNCTION TEST</b>				
BILIRUBIN TOTAL Method: Vanadate Oxidation	0.33	mg/dl	0.2-1.1	Serum
BILIRUBIN DIRECT Method: Vanadate Oxidation	0.11	mg/dl	<0.3	Serum
BILIRUBIN INDIRECT Method: Calculated	0.22	mg/dl	0.1-1.0	Serum
TOTAL PROTEIN Method: Biuret	6.8	g/dL	5.7-8.2	Serum
ALBUMIN Method: Bromocresol Purple	3.6	g/dL	3.4-5.0	Serum
GLOBULIN Method: Calculated	3.2	g/dL	2.3-3.5	Serum
A/G RATIO Method: Calculated	1.13		1 - 2	Serum
SGOT (AST) Method: UV WITH PSP	11	U/L	15-37	Serum
SGPT (ALT) Method: UV WITH PSP	23	U/L	5 - 33	Serum
GGT Method: Modified IFCC	25	U/L	5-55	Serum
ALKALINE PHOSPHATASE Method: IFCC	113.0	U/L	46-116	Serum

### Total Bilirubin in Neonates

Age	Premature (mg/dl)	Mature (mg/dl)
0-1 day	1.0-8.0	2.0-6.0
1-2 days	6.0-12.0	6.0-10.0
3-5 days	10.0-14.0	4.0-8.0

\*Teitz 5th ed

### ALP in paediatric age group

Reference range	IU/L
0-1 yr	150-350
1-16 yr	30-300

\*Wallach 10th ed

### Comments:

These are a panel of tests that help determine health of the liver by measuring the levels of proteins, liver enzymes and bilirubin in the blood. It helps the clinician in differentiating between pre-hepatic, hepatic and post-hepatic causes of some conditions exhibiting jaundice as a symptom. It is recommended in the following conditions:


1. To check for damage from liver infections (Hepatitis B, C etc)
2. To monitor the side effects of certain hepatotoxic drugs
3. To monitor effectiveness of treatment for liver diseases
4. If symptoms of liver or gall bladder conditions are seen (like jaundice, itchiness etc)
5. For certain medical conditions like diabetes, high triglycerides, anaemia etc

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Name	: MRS. LAKSHMI			Collection	: 19-May-2023 / 12:16 PM
Age/Gender	: 57Y-1D / Female			Received	: 19-May-2023 / 15:40 PM
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6. In liver damage caused by heavy alcohol consumption.

Verified By: 197097

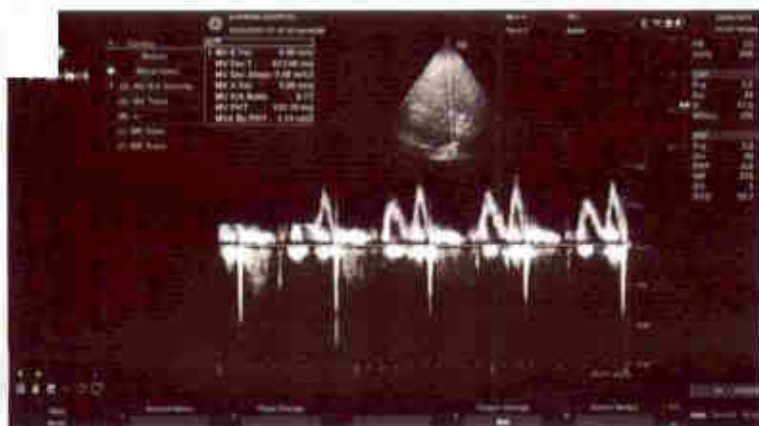
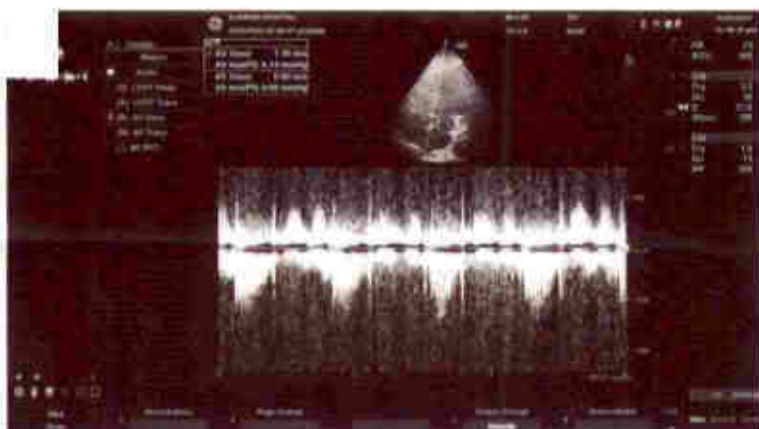
  
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6741 R

BPL

Diagnosis Information:

S Rhythm

\*\*\*Normal ECG\*\*\*

mmHg

kg

81 bpm

113 ms

165 ms

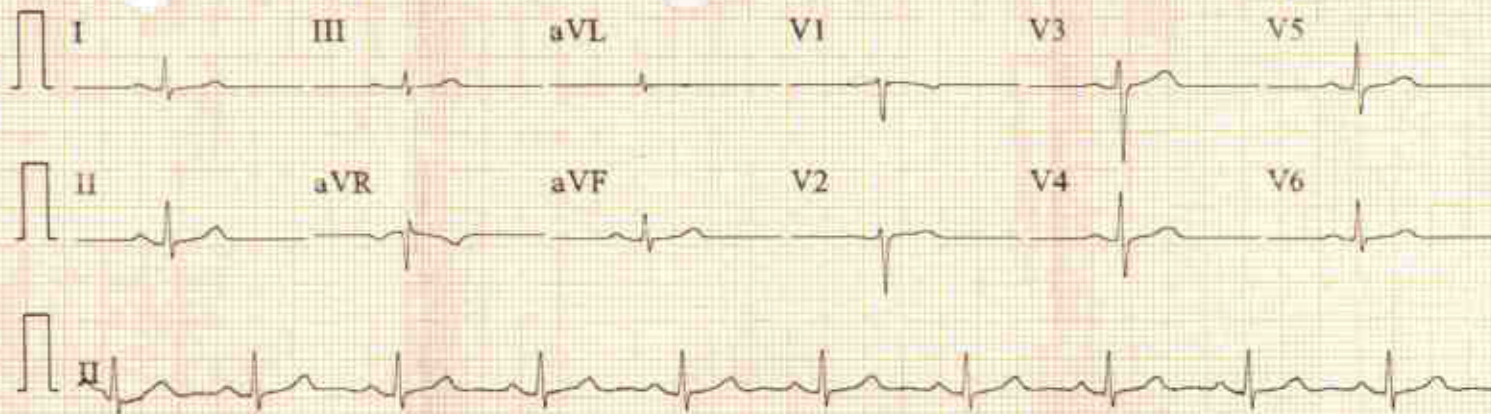
67 ms

358/416 ms

51/45/58 °

0.614/0.503 mV Report Confirmed by:

Average Template 25mm/s 10mm/mV

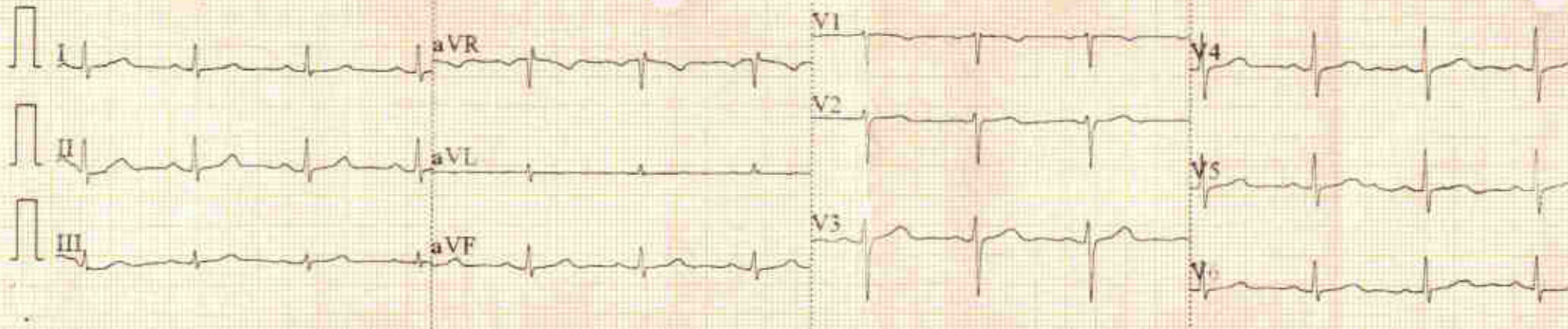


ID: 16716 20-05-2023 13:13:36

Mrs. Lakshmi

ID: 167

Female  
66 Year  
cm



0.67-45Hz AC50 25mm/s 10mm/mV ♥80 V1.0 SEMIP V1.7 SUNRISE-HOSPITAL-R-M-NAGAR

HR  
P  
PR  
QRS  
QT QTc  
P QRS/T  
RV5/SVI