

G. Nagaswari

- (1) OPD paper
- (2) Treating doctor certificate regarding necessity of admission
- (3) ICP sheet — ~~xe~~ Pdf copy provided
- (4) ID Proof — Aadhar
- (5) NT ProBNP — ~~If u outsw~~ 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 care)

H14982400027



		CLAIM NO.	
REIMBURSEMENT CLAIM - CHECK LIST			
CORPORATE NAME	Digital.ai Software India Private Limited		EMP NO
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
EMAIL ID	nageswari-ganapathy@digital.ai		MOBILE NO
CLAIM TYPE	MAIN CLAIM	PRE & POST	QUERY REPLY
CLAIM DOCUMENTS SUBMITTED			
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
INVESTIGATION REPORTS		YES	NO
X-RAY / CT / MRI SCAN FILMS / ECG		YES	NO
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)			

HERITAGE HEALTH INSURANCE
 TPA PVT. LTD. CHENNAI



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) Sl. No./Certificate No:
 c) Company/TPA ID No: d) Date of Birth:
 d) Name: **MAGESWARI GANAPATHY** e) Age: Months:
 e) Address: **2101, SAMARTHYA SAROVAR, HODRAMAVU AGARA, LAJISHE
HORAMANU** f) State: **KARNATAKA**
 City: **BANGALORE** Pin Code: **560043** Phone No: **080-45439110** Email ID: **mageswari-ganapathy@digital.ai**

SECTION A

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:

SECTION B

DETAILS OF INSURED PERSON HOSPITALIZED:

a) Name: **G. LAKSHMI** b) Gender: Male Female c) Age: Years **16** 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:

SECTION C

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/Disease first detected/Date of Delivery:
 e) Date of Admission: **20/05/23** f) Date: **01/06** g) Date of Discharge: **22/05/23** h) Time: **09:13**
 i) If injury/illness cause: Self inflicted Road Traffic Accident Substance Abuse/Alcohol Consumption j) If Medicos legal: Yes No
 k) Reported to police: Yes No l) MLC Report & Police FIR attached: Yes No m) System of Medicine _____

SECTION D

DETAILS OF CLAIM

a) Details of the treatment expenses claimed:
 i. Pre-Hospitalization Expenses: Rs. **14450** ii. Hospitalization Expenses: Rs. **24453**
 iii. Health-Check up Cost: Rs. iv. Others (code): Rs.
 Total: Rs. **34122**
 v. Ambulance Charges: Rs. vi. Post-Hospitalization period: Days
 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 Lump sum benefit: Rs. vi. Others: 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/ARMUS/DRGs)
- Doctor's Prescriptions
- Others

SECTION E

DETAILS OF BILLS ENCLOSED:

SL. No.	Bill No.	Date	Issued by	Towards	Amount (Rs.)
1	TPI 1272	24/05/23		Hospital Main Bill	24250
2	21b13849	12/05/23		Pre-hospitalization Bill: Nos.	1450
3	5873940	21/05/23		Post-hospitalization Bill: Nos.	213
4	50023501	10/05/23		Pharmacy Bills	1450
5	5213815	15/05/23			2000
6	5213813	02/05/23			432
7					
8					
9					
10					

SECTION F

DETAILS OF PRIMARY INSURED'S BANK ACCOUNT:

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

(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.

SECTION H

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
SECTION A - DETAILS OF PRIMARY INSURED		
a) Policy No.	Enter the policy number	As allotted by the insurance company
b) S.I. 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
SECTION B - DETAILS OF INSURANCE HISTORY		
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 Policy No.	Enter the full name of the insurance company Enter the policy number	Name of the organization in full 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
SECTION C - DETAILS OF INSURED PERSON HOSPITALIZED		
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
SECTION D - DETAILS OF HOSPITALIZATION		
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
M.I.C Report & Police FIR attached	Indicate whether M.I.C 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
SECTION E - DETAILS OF CLAIM		
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
SECTION F - DETAILS OF BILLS ENCLOSED		
Indicate which bills are enclosed with the amounts in rupees		
SECTION G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT		
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 payable 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
SECTION H - DECLARATION BY THE INSURED		
Read declaration carefully and mention date (in dd-mm-yy format), place (open text) and sign:		

NAME: LakshmiAGE: 67 by SEX: MDATE: 19/05/2023

Rx

Pw. Palma Ans

100g of
soddy

Bp: 160/80

Patient referred to Sunshine Hospital

for further treatment

ALV

HbAV

eBC

RPT

LPT

~~CRP~~ Plipid profile

Amplane


Dr. Rajesh Bhatia
Reg. No. 37251
General Physician



SUNRISE HOSPITAL

13/6/2023

To

Whomsoever it may concern.

Patient named Mrs. C. Lakshmi aged 67 yrs female, brought to Hospital with complaints of Giddiness since 3 days. Dyspnea on Exertion & Lower leg edema and pain, Pricking Pain all over body, in view of uncontrolled diabetes and edema on both legs with hypertension, Patient Admitted in ward and medical management continued for the same.

D. Paron Raj

MBBS MD
SUNRISE HOSPITAL

9, Dr Shil's Building, Keerthi Harmony Road
Bryanthi 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 | EmailId: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	<p>- Giddiness ⊕ & 2 days.</p> <ul style="list-style-type: none"> - BIL lower leg edema. - prickling pain all over body. - Dose ⊕. - BIL lower leg pain. 	INITIAL ASSESSMENT:	
O/E		Height:	
		Weight:	
		Pulse: 87/min	
		BP: 150/80 mmHg	
		Temp: Normal.	
		SPO ₂ : 95% i RA.	
		GRBS - 45 mg/100 ml	
INVESTIGATIONS:	Rv - BIL dr. W 3 NAB (+) 3 NAB		
WT - 157.			
HT - 5.3.			
HB - 11.7.			
HbA _{1c} - 12.9.			
TREATMENT:	<ul style="list-style-type: none"> - Admission E. 		Dr. Pawar Sir.

PROVISIONAL DIAGNOSIS :

CONSULTANT SIGNATURE:

DATE & TIME:

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 IP Number
Age 67 yrs	Sex Male / Female	7459 / 130
Consultant Doctor / Unit	Dr. Pawar Rai	
History given by	Patient	History taken by date and time
know allergies	No	
Chief Complaints	Giddiness since 3 days Dyspnea on exertion - B/L Lower leg edema - Pricking pain all over body - B/L lower leg pain	Duration 30 min

History of present illness :

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

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

CNS - comatosus / bicentral

CVS - S₁, S₂ (+)

RS - B/L AC (+)

P/A - soft BS (+)

Provisional Diagnosis / Clinical Problems

uncontrolled T_{2DM} c Dysnea J, evaluated

DOCTOR'S PROGRESS SHEETS

Name: <u>Mrs. A. Jabeliani</u>	Age: <u>67y</u>	Sex: <u>F</u>	Mar. Status:	Hospital No.
Service	Ward	M.R.D.	Occupation	Religion
				SIGNATURE

DATE	NOTES
<u>20/5/23</u>	<u>3/B Di-stisha broad.</u>
<u>3:30pm</u>	<p>c/o. giddiness w/w/c walking</p> <ul style="list-style-type: none"> - Blc LL Edema (⊕). - Gen body weakness & tiredness. - pinning pain over body <p>ABP - 110-112 mmHg</p> <p>HR - 80</p> <p>PFT - 3.12 L</p> <p>HBsAg - 12.9</p> <p>S. Creat - 114</p> <p>uric acid - 7.4</p> <p>Na+ - 137</p> <p>K+ - 5.2</p> <p>Cl- - 105</p> <p>pus cells - 6-7</p> <p>leucos - 8-9</p> <p><u>Qs</u></p> <p>Bp - 150/90mmHg</p> <p>P - 84/m</p> <p>T - Axillary</p> <p>Spo₂ - 97% @ RA</p> <p><u>Adv</u></p> <p>→ Inj Lasix Domy stat</p> <p>→ Rest c.s.t as per need</p> <p><u>\$</u></p>



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SUNRISE HOSPITAL

9, Keerthi Harmony Apartment Road, Near Raghavendra Circle, Ramamurthy Nagar, Bangalore - 560066
Ph : 7795660561 / 7795660562 / 7795660563 | E-mail : sunrisehospital04@gmail.com | Website : www.sunrisehospital.in

DOCTOR'S PROGRESS SHEETS

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

20/5/23

SIB Dr. Murali

10pm

pt reviewed,
no fresh complaints
Giddiness + ed.

BP /Nao BP - 131/80 mmHg

PR 80/min

SpO₂ - 98%.

rxn

- CST

PPBS



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DOCTOR'S PROGRESS SHEETS

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

2/1/23
11:30 AM

C/3B - D, Room 2

Care Normal.

o/p

G. Tain.
Visits - None

A dev

(1) CSN

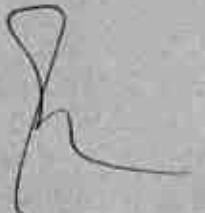


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DOCTOR'S PROGRESS SHEETS

Name	Age	Sex	Mar. Status	Hospital No.
V. A. Lublun	63	F		7459 1361
Service Ward M.R.D Occupation				Religion

DATE	NOTES	SIGNATURE
21/5/23	<p style="text-align: center;">S15 Dr mmm/9</p> <p>100</p> <p>cl. Headach</p> <p>RS INAD</p> <p>P/10 - soft nontender</p> <p>BP - 130/80 ~109</p> <p>PR - 80/min</p> <p>SPO₂ - 98 %</p> <p>Dob - CST - Park - 0/0 & 80 stand - FBS / PPBS 71m</p>	



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DOCTOR'S PROGRESS SHEETS

Name Mr. Lakshmi	Age 6 F	Sex F	Mar. Status	Hospital No. 7459 / 130
Service Ward M.R.D Occupation				Religion
	DATE 22/05/23	NOTES	SIGNATURE	

2/1/23
12:10PM

date, 2 P.M.

Q - Constipation, x-ray

G.I. clso -
P.P. abn
Sp. motility

Adv

- ① T. Ecclwise 1g 001
- ② ENEMA, PHOTOLYSIS



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

DOCTOR'S PROGRESS SHEETS

Name	Mrs Lakshmi	Age	51	Sex	F	Mar. Status	Hospital No.
Service Ward M.R.D Occupation						9459/1301	Religion
	DATE	NOTES				SIGNATURE	

22/07/23

8:45PM

class - Dr Ravinder

Care Review

Action

D 2^j. H. MIRRARD. (30/70),

2) T. VILDA. 50y. (20) - 0 + (10).

3) on 10y

NURSING CLINICAL CHART

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

To be filled only in the words

~~DATE 92/5/93~~

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		
RESPIRATION / MIN MONITOR		
BLOOD PRESSURE MONITOR		
SPG		
NEURO CONSCIOUS-C LETHERIC - L UNCONSCIOUS-UN		
BLOOD TRANSFUSION START & FINISH TIME		
SIGN.		



⊕ www.humainhealth.com

✉ customerservice@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
BIOCHEMISTRY			
NT-PRO BNP (N-Terminal Pro B Type Natriuretic Peptide) - SERUM			
	287	pg/mL	< 115.00

Comment: Values rechecked kindly correlate clinically.

Note

1. NT-pro-BNP value increases with age , elevated levels can be seen in apparently healthy individual with increasing age
2. NT-pro-BNP values need to be interpreted in conjunction with the medical history, clinical findings and other information
3. 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 —



23H114414

SUNRISE HOSPITAL

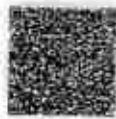
9, Dr. Shel's Building, Keerthi Harmony Road,
 Jayanthy Nagar Main Road, Near Raghavendra Circle
 Ramamurthy Nagar, Bangalore - 560 016.

Dr. Robina Nazeer
 MBBS, MD(Path)

Page 1 / 1



க. லக்ஷ்மி
Gv Lakshmi
பிறந்த நாள் / DOB: 15/04/1958
பெண் / FEMALE



6263 0660 6419

சாத்து ஆதார், சாத்து அனுமதியாளர்.



மாநாய் விஶிஷ்ட பக்சன் பிரிவிரண்
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

முகவாரி:

W/O: ஈ. என்பதி, 35,
சாமநல் ஆம்மன் ஜோவீல்
கேடு, வாணியூத், வாட்டு
நகரின்பூர், திருநெல்வேலி,
தமிழ்நாடு - 627117

Address:

W/O: A. Ganapathi, 35, Selaihi
Ammanvel Street, Vallioor,
Vazakku Vallioor, Tirunelveli,
Tamil Nadu - 627117

6263 0660 6419

MERA AADHAAR, MERI PEHACHAN



குகவரி:

W/O: ஆ. கணபதி, 35,
அம்மக்கி ஆலை வீட்டும்
ஏற்று, வாடகூரை, வடக்கு
ஏற்றுப்புத், திருச்சென்னை,
தமிழ்நாடு - 627117

Address:

WO: A. Ganapathi, 35, Salathi
Ammarkovil Street, Valloor,
Vadakku Valloor, Tirunelveli,
Tamil Nadu - 627117

6263 0660 6419

MERA 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 : C. LAIK SHYMI

Executive Name :

Policy No. :

Hospital :

Checklist Verification :

Signature : 15-05-06/23

Executive Name :

CCN No. HH 982400027

Claim Entry

Sign

Policy Details

Main Claim / Partial Claim / Pre & Post

Doctor Name

Medical Officer Remarks

Medical Department

Diagnosis :

Deletions

Claim Admissible

Yes

No

Date

Signature :

Claim Processing

Executive Name :

Remarks

Sign

Date

Executive Name :

Remarks

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.	
REIMBURSEMENT CLAIM - CHECK LIST			
CORPORATE NAME	Digital.ai Software India Private Limited		EMP NO
POLICY NO.	H1051372		
PATIENT STAR ID NO			
EMPLOYEE NAME	NAGESWARI GANAPATHY		
PATIENT NAME	G1 LAKSHMI		
DATE OF ADMISSION	MAY 20, 2023 01:39 PM		DATE OF DISCHARGE
EMAIL ID	nageswari-ganapathy@digital.ai		MOBILE NO
CLAIM TYPE	MAIN CLAIM	PRE & POST	QUERY REPLY
			DISALLOWED SHORT FALL
CLAIM DOCUMENTS SUBMITTED			
Claim Form Duly SIGNED by EMPLOYEE - PART - A		YES	NO
Claim Form Duly 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
INVESTIGATION REPORTS		YES	NO
X-RAY / CT / MRI SCAN FILMS / ECG		YES	NO
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) St. No./Certificate No.:
 c) Company/TPA ID No.:
 d) Name: **NAGESWARA GANAPATHY**
 e) Address: **21/11, SAMHITHA SAROVAR, HORNAMAVU AMARA LANE,
HORNAMAVU**
 City: **BANGALORE** State: **KARNATAKA**
 Pin Code: **5600042** Phone No: **9845639110** Email ID: **nageswari-ganapathy@digital.ai**

SECTION A

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:

SECTION B

DETAILS OF INSURED PERSON HOSPITALIZED:

a) Name: **G. LAKSHMI**
 b) Gender: Male Female c) Age : Years: **56** 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 Housewife Student Retired Other (Please Specify) _____
 g) Address (if different from above):
 City: State:
 Pin Code: Phone No: Email ID:

SECTION C

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/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: **09:15**
 i) If injury/give cause: Self inflicted Road Traffic Accident Substance Abuse (Alcohol Consumption) i) If Medicos legal? Yes No
 j) Reported to police: Yes No k) MLC Report & Police FIR attached: Yes No l) System of Medicine: _____

SECTION D

DETAILS OF CLAIM

a) Details of the treatment expenses claimed:
 i) Pre-Hospitalization Expenses: Rs. **4450** ii) Hospitalization Expenses: Rs. **24453**
 ii) Post-Hospitalization Expenses: Rs. **219** iii) Health-Check up Cost: Rs.
 v) Ambulance Charges: Rs. vi) Others (code): Rs.
 vii) Total: Rs.
 viii) Pre-Hospitalization period: Days: ix) 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) Consultation: Rs.
 v) Pre/Post Hospitalization Lump sum benefit: Rs. vi) Others: Rs.
 vii) 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/MRI/USG/EPG)
 Doctor's Prescriptions
 Others

SECTION E

DETAILS OF BILLS ENCLOSED:

SL. No.	Bill No.	Date	Issued by	Towards	Amount (Rs.)
1	TPB112	22/05/23		Hospital Main Bill	36250
2	TPB113	22/05/23		Pre-hospitalization Bill	11550
3	TPB114	22/05/23		Post-hospitalization Bill	2137
4	TPB115	22/05/23		Pharmacy Bills	11544
5	TPB116	22/05/23			000
6	TPB117	22/05/23			11550
7	TPB118	22/05/23			000
8	TPB119	22/05/23			000
9	TPB120	22/05/23			000
10	TPB121	22/05/23			000

SECTION F

DETAILS OF PRIMARY INSURED'S BANK ACCOUNT:

a) PAN: **AIGLPN1736H** b) Account Number: **9210100221231771**
 c) Bank Name and Branch: **AXIS BANK, CHENNAI** d) IFSC Code: **UTIB0000006**
 e) Cheque/DD Payable details: _____

SECTION G

(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.

SECTION H

Date:

21 05 23

Place: Bangalore

Signature of the Insured

GUIDANCE FOR FILLING CLAIM FORM - PART A (To be filled in by the insured)

DATA ELEMENT	DESCRIPTION	FORMAT
SECTION A - DETAILS OF PRIMARY INSURED		
a) Policy No.	Enter the policy number	As allotted by the insurance company
b) Sl. 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
SECTION B - DETAILS OF INSURANCE HISTORY		
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) i) Company Name Policy No. Sum Insured	Enter the full name of the insurance company Enter the policy number Enter the total sum insured as per the policy	Name of the organization in full As allotted by the insurance company 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	User 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
SECTION C - DETAILS OF INSURED PERSON HOSPITALIZED		
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
SECTION D - DETAILS OF HOSPITALIZATION		
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 gave cause	Indicate cause of injury	Tick the right option
# 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
SECTION E - DETAILS OF CLAIM		
a) Details of Treatment Expenses	Enter the amount claimed as treatment expenses	In rupees (Do not enter paisa values)
b) Claim for Domestically Hospitalization	Indicate whether claim is for domestic 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 paisa values)
d) Claim Documents Submitted-Check List	Indicate which supporting documents are submitted	Tick the right option
SECTION F - DETAILS OF BILLS-ENCLOSED		
Indicate which bills are enclosed with the amounts in rupees		
SECTION G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT		
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
SECTION H - DECLARATION BY THE INSURED		
Read declaration carefully and mention date (in dd-mm-yy format), place (open text) and sign.		



HERITAGE HEALTH

IRDAI License No. 008

CLAIM FORM - PART B
TO BE FILLED IN BY THE HOSPITAL

The issue of this Form is not to be taken as an admission of liability
Please include the original pre-authorization request Form in lieu of PART A

(To be filled in block letters)

DETAILS OF HOSPITAL

a) Name of the Hospital :	SUNRISE HOSPITAL	b) Hospital ID :		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. PRAVIN RAJ	e) Qualification :		f) Registration No. with State Date :		g) Phone No. :	1195660561

SECTION A

DETAILS OF THE PATIENT ADMITTED

a) Name of the patient :	E. LAKSHMI	b) IP Registration Number :	1P13GIVSR	c) Gender : Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	d) Age: Years 66 Months 00	e) Date of Birth :	15/04/52
f) Date of Admission :	20/05/23	g) Time :	11:59	h) Date of Discharge :	22/05/23	i) Time :	09:13
j) Type of Admission :	Emergency <input type="checkbox"/> Planned <input type="checkbox"/> Day Care <input type="checkbox"/> Maternity <input type="checkbox"/>	k) If Maternity : l) Date of Delivery :		m) Gravida Status :			
j) Status at time of discharge :	Discharge to home <input checked="" type="checkbox"/> Discharge to another hospital <input type="checkbox"/> Deceased <input type="checkbox"/>	m) Total claimed amount :					

SECTION B

DETAILS OF AILMENT DIAGNOSED (PRIMARY)

a) Primary Diagnosis :	ICD 10 Codes :	Description :	b) Procedure 1 :	ICD 10 PCS :	Description :
c) Additional Diagnosis :			d) Procedure 2 :		
e) Co-morbidities :			f) Procedure 3 :		
g) Co-morbidities :			iv. Details of Procedure :		
h) Pre-authorization obtained : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		i) Pre-authorization Number :			
j) If authorization by network hospital not obtained, give reason :					
k) Hospitalization due to injury : <input type="checkbox"/> Yes <input type="checkbox"/> No		l) If Yes, give cause : Self-inflicted <input type="checkbox"/> Road Traffic Accident <input type="checkbox"/> Substance abuse / alcohol consumption <input type="checkbox"/>	m) If Yes, attach reports		
n) If injury due to Substance abuse/alcohol consumption, Test Conducted to establish this : <input type="checkbox"/> Yes <input type="checkbox"/> No		o) If Yes, attach reports	p) If Medico legal : <input type="checkbox"/> Yes <input type="checkbox"/> No		
q) Reported to Police : <input type="checkbox"/> Yes <input type="checkbox"/> No		r) FIR no. :			
s) If not reported to police give reason :					

SECTION C

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"/> CT/MRI/USG/HPE 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 |

SECTION D

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 : <input type="checkbox"/> Yes <input type="checkbox"/> No	II. ICU : <input type="checkbox"/> Yes <input type="checkbox"/> No			
g) Others :					

SECTION E

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 : Place :

Signature and Seal of the Hospital Authority

SECTION F

GUIDANCE FOR FILLING CLAIM FORM - PART B (To be filled in by the hospital)

DATA ELEMENT	DESCRIPTION	FORMAT
SECTION A - DETAILS OF HOSPITAL		
a) Name of Hospital	Enter the name of hospital	Name of hospital in full
b) Hospital ID	Enter ID number of hospital	As allotted by the TPA
c) Type of Hospital	Indicate whether in network or non network hospital	<input checked="" type="checkbox"/> 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 allotted by the Medical Council of India
g) Phone No.	Enter the phone number of doctor	Include STD code with telephone number
SECTION B - DETAILS OF THE PATIENT ADMITTED		
a) Name of Patient	Enter the name of patient	Name of hospital in full
b) IP Registration Number	Enter insurance provider registration number	As allotted by the insurance provider
c) Gender	Indicate Gender of the patient	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Tick the right option
k) If Maternity	Date of Delivery	Enter Date of Delivery if maternity
	Gravida Status	Enter Gravida status if maternity
l) Status at time of discharge	Indicate status of patient at time of discharge	<input checked="" type="checkbox"/> Tick the right option
m) Total claimed amount	Indicate the total claimed amount	In rupees (Do not enter paise values)
SECTION C - DETAILS OF THE AILMENT DIAGNOSED (PRIMARY)		
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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Tick Yes or No
Cause	Indicate cause of injury	<input checked="" type="checkbox"/> Tick the right option
If injury due to substance abuse/alcohol consumption, test conducted to establish this	Indicate whether test conducted	<input checked="" type="checkbox"/> Tick Yes or No
Medico Legal	Indicate whether injury is medico legal	<input checked="" type="checkbox"/> Tick Yes or No
Reported To Police	Indicate whether police report was filed	<input checked="" type="checkbox"/> 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
SECTION D - CLAIM DOCUMENTS SUBMITTED-CHECK LIST		
Indicate which supporting documents are submitted		
SECTION E - DETAILS IN CASE OF NON NETWORK HOSPITAL		
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 allotted 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	<input checked="" type="checkbox"/> Tick the right option. If others, please specify
SECTION F - DECLARATION BY THE HOSPITAL		
Read declaration carefully and mention date (in dd-mm-yy format), place (open text) and sign and stamp		



VALID FOR THREE MONTHS FROM THE DATE OF ISSUE

D D M M Y Y Y Y

Pay

रुपये Rupees

या धारक को or Bearer

अदा करें

₹

A/c.No.

921010022123177

SBPB5 006163

Payable at principal branches of Axis Bank Ltd in India.

Cancelled

Cancelled

Cancelled

G.NAGESWARA
Please sign above

** 76 14 18 ** 600 21 100 20 006 16 31 31



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

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/D T2DM

PHYSICAL PAST HISTORY FINDINGS

BP = 150/80MMHG

PULSE-87/M

TEMPERATURE-NORMAL

SP02-95@RA

GRBS = 454MG/DL

GENERAL EXAMINATIONS / SYSTEMIC EXAMINATIONS

RESPIRATORY SYSTEM - B/L CLEAR

GASTRO INTESTINAL SYSTEM - SOFT NOW - 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,
TAB CILICAL 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, Dr. Chet Building, Keerthi Harmony Road,
Jayanthi Nagar Main 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 Ramamurthy Nagar
Bangalore-560016, Ph:7795660562,7795660563 | EmailId: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		
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
Ramamurthy Nagar, Bangalore - 560 016

Sunrise Hospital

#9 Dr Shet Building Keerthi Harmony road near Raghvendra circle Ramamurthi Nagar
Bangalore-560016. Ph:7795660562,7795660563 | EmailId: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,
Jayanthi 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	HBAIC	600.00	0.00	600.00	19-May-2023
Total :		4,450.00	0.00	4,450.00	
Net Amount : Rs. 4,450.00					

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

Paid Amount : Rs. 4,450.00

Sp. Discount : Rs. 0.00

Note :

- 1) Visit our website -- to view reports online. Your UserID :
2) Online and email report will be available only after full payment .
3) 0.00 Rupees

PR0298839 Pwd : 75989

(You can use the password changed by you.)

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



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
BIOCHEMISTRY			
NT-PRO BNP (N-Terminal Pro B Type Natriuretic Peptide) - SERUM	287	pg/mL	< 115.00

Comment: Values rechecked kindly correlate clinically

Note

1. NT-pro-BNP value increases with age, elevated levels can be seen in apparently healthy individual with increasing age
2. NT-pro-BNP values need to be interpreted in conjunction with the medical history, clinical findings and other information
3. 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 —




Robina

Dr. Robina Nazeer
MBBS, MD(Path)

Sri Sunrise Pharma

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

PhNo:9343446998.EmailId:Nrsthrst@gmail.com

SALES INVOICE

DL NO	KA-B51-200203		Customer	G Lakshmi JP1301
GST NO		Cash/Bill	Consultant	Dr.PAVAN RAJ N
BillNo	SB23804		BillDate	20/05/2023 15:47:00
S#	DrugName	BatchNo	Expiry	Qty
1	PANTAVEE 40 IV	J10256	6/23	1
2	TRAMATAS INJ 2ML	L2206058	5/24	1
3	ONOET 2MG INJ	IO-0954	9/24	2
4	TROXONE 1GM INJ	MCFI-004	2/24	2
5	VERTIN 16MG TAB	RBIB22024	11/23	6
6	CILACAR 10 MG TAB	KC922053	10/25	2
7	NB 100ML (ALKEM)	ms21409	11/24	3
8	HUMAN ACTRAPID 40IU	B70712	12/24	1
9	OPTINEURON FORTE INJ	NOF2168	2/24	1
10	IV SET PREMIUM	22G07MB101	6/25	2
11	NIPRO SYRINGE 10ML	22K14K43	4/25	1
12	NIPRO SYRINGE 10ML	22K14K43	4/25	1
13	NIPRO SYRINGE 5ML	22D17K98	8/27	4
14	NIPRO SYRINGE 2.5ML	21J23K93	1/28	1
15	GLOVES M	JULY	5/24	6
16	DISPOVAN NEEDAL 24	03054P	12/24	25
17	DISPOVAN NEDALL 1811.1/2	28264C	6/27	25
18	THREE WAY EXTENS 10 CM	G2206109	1/27	25
19	INSULIN SYRINGE 1ML	225014BG	4/24	25
20	VASOFIX IV CATCH 20G	20D23G8347	4/25	25
21	EASYFIX(IV PLAST)	EFME211022	10/25	47

Total Amount: 1,866.32

Net Amount: 1,866.32

Discount : 0

Paid Amount: 1,866

SRI SUNRISE PHARMA
 #9 Dr Shet's Building
 Keerthi Harmony Road
 Jayanagar 9th Block
 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:Nrsthrst@gmail.com

SALES INVOICE

DL NO	KA-B51-200203			Customer	G Lakshmi IP1301		
GST NO		Cash Bill		Consultant	Dr.PAVAN RAJ N		
BILLNo	SB23819			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	IO-0954	9/24	1	14.54	12 %	14.54
4	NIPRO SYRINGE 10ML	22K14K43	9/24	2	23	12 %	46
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	IO-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	8/23	1	49.7	12 %	49.7
15	ONDET 2MG INJ	IO-0954	9/24	2	14.54	12 %	29.08
16	NIPRO SYRINGE 10ML	22K14K43	9/24	1	23	12 %	115

Total Amount : 899.01

Discount : 0

Net Amount : 899.01

Paid Amount : 899

Prepared by : Pharma

For Pharmacy

SGST

CGST

GST 5.00

GST 5.00 Total Amt

GST 12.00

GST 12.00

Total

Total

40.97

40.97

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	Cash Bill	Customer	G Lakshmi IP1301
GST NO			Consultant	Dr PAVAN RAJ N
Bill No	SB23843		Bill Date	22/05/2023 21:26:00
S#	DrugName	BatchNo	Expiry	Qty
1	ENEMA SODIUM 100ML	3314	7/24	1
2	MONOCEF 1GM INJ	DCG220124	12/24	1
3	NIPRO SYRINGE 10ML	22K14K43	9/24	1
4	NIPRO SYRINGE 2.5ML	21J23K93	2/26	1
5	DULCOFLEX SUP CHILD	SC22080	9/24	2
6	DULCOFLEX 5MG TAB	DLA23004	12/25	1
7	OPTINEURON FORTE INJ	NOF2168	10/23	1
8	NS 100ML (ALKEM)	ms21409	11/24	1
9	NIPRO SYRINGE 2.5ML	21J23K93	2/26	1
10	ONDET 2MG INJ	IO-0854	8/24	1
11	PARACIP 650MG TAB	CP00547	11/23	2
12	THROMBOPHOB OINT	1201342	12/24	1
13	NIPRO SYRINGE 10ML	22K14K43	9/24	2

Total Amount : 437.68

Discount : 0

Net Amount : 437.68

Paid Amount : 438

Prepared by - Pharma

Balance : 0

	SGST	CGST	GST	Total Amt	For Pharmacy
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:Nrsthrsth@gmail.com

SALES INVOICE

DL NO	KA-B51-200203	Credit Bill	Customer	G LAKSHMI True			
GST NO			Consultant	Dr.Add "PAVAN RAJ"			
BillNo	SB23845		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	SI-E0070A	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





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.

Rx

Sups-Ducox 10mg - 2
glauco - 2

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

22/5/23

Mrs. Lakshmi:

Rs.

Ps.

RX

PC Enema

D/S glous. spais

Sign.

Total



SUNRISE HOSPITAL

3, Keerthi Harmony Apartment Road,

Near Raghavendra Circle, Ramamurthy Nagar, Bangalore - 560016.

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

No.

Prescription

Date

22/10/22

Rs.

Ps.

RX

Lakshmi

T. Dulcoffee

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.care

No.

Prescription

Date :

22/5/23

Rs.

Ps.

RX

G. Lakshmi

Anj: optineuron 10ml - ①
100ml NL

T. Ecciwell log — ①

2ml — ①

Anj: Emacat — 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.care

No.

Prescription

Date :

22/5/19

Mrs. L. Lakshmi

Rs.

Pg.

RX

Inj - Monocef 1gm - ①

Inj - Emerges 1mg - ①

Dis roce ①

Dis scc ①

Sign:

Total



SUNRISE HOSPITAL

9, Keerthi Harmony Apartment Road,

Near Raghavendra Circle, Romamurthy Nagar, Bangalore - 560016.

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

No.

Prescription

Date :

10/05/23

Mr. G. Lakshmi

Rs.

Ps.

RX

Tab - Dolo 650mg - 2

Ointment - Thrombofibrin - 1

Sign.

Total



SUNRISE HOSPITAL

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

No.

Prescription

Date : 20/5/22

Mrs. G. Lakshmi

Rs.

Pg.

RX

inj - Monocel 1gm - ①

inj - Pan 40mg - ①

inj - Emercel 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 | Website : www.sunrisehospital.com

No.

Prescription

Date : 21/10/23

Rs.

Ps.

Rx

G. Lakshmi

inj: optineuron - ①

inj: Emocet - ①

inj: moncef 1gm - ①

syringe 1ml - ①

2ml - ②

→ 200

Sign.

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 : 21/5/23

RX

Mrs Q Lakshmi Ps.

Cannula no 20 20yrs

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.sunriseshospital.com

No.

Prescription

Date

21/5/2015

Mrs

4 Lakshmi

Rs.

Ps.

RX

4 Monocet 1gm - 1

4 am 40mg - 1

4 Emerg 40mg - 1

Syringe 10cc - 2

Syringe 8cc - 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.care

No.

Prescription

Date : 20/5/20

Mrs. G. Lalitha

Rs.

Ps.

RX

R.P. Salix 20mg

CSIGA

Total



SUNRISE HOSPITAL

F 9, Keerthi Harmony Apartment Road,

Near Raghavendra Circle, Ramamurthy Nagar, Bangalore - 560016.

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

No.

Prescription

Date : .. 22/5/23

Mrs. Lakshmi _____ Rs. _____
Ps. _____

RX

D/S - 5 cc (2)

Iv cannula NO - 20 (1)

Easy grip (1)

(R/R - Needle - 1)

D/S gloves - (4)

Sign.

DN

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 : 20/3/23

Mrs. A. Lakshmi Rs. Pg.

RX

2i Paracetamol — ①

2i Transtodal — ①

2i Sweet Honey — ②

2i Monofl 1gm — ②

1tbl Vostin 16mg — ①

1tbl Cilacor 10mg — ②

Surf AS 100ml — ③

2i H. Atropid — ①

2i Optiumnos — ①

2i Sef — ② Total

Sign.

10cc —
2cc —
5cc —

0.5 Coloros - (4 pain)

Cress Ruminip — ②

11cc Nudde — ②

3 way — ①
Cress Nudde — ②
Curd



SUNRISE HOSPITAL

9, Keerthi Harmony Apartment Road, Near Raghavendra Circle,

Ramamurthy Nagar, Bangalore - 560016.

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

7795660561

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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

BIOCHEMISTRY

Electrolytes-Na+,K+,Cl-				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 ---

Page: 1 of 1

(PATHOLOGIST)

(LAB TECHNICIAN)



SUNRISE HOSPITAL

9, Keerthi Harmony Apartment Road, Near Raghavendra Circle,

Ramamurthy Nagar, Bangalore - 560016.

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

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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
-----------	---------	------	---------------	-------------

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

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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

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+,K+,Cl-				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 ----



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	: 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	Clear
PH	5.0	5.0 - 8.0
Specific Gravity	1.005	1.001 - 1.035

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			



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	:	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		Absent	Urine
Bacteria		ABSENT			Urine
Others		ABSENT			Urine

Report Clinical Note :

--- End of Report ---

Page : 2 of 2

(PATHOLOGIST)



(LAB TECHNICIAN)

NAME: L. LAJAHMI	TIME: 5:45 PM
AGE: 67 YRS	DATE: 20/05/2023
SEX: FEMALE / MALE	INDICATION: ADDONIS

ECHOCARDIOGRAPHIC STUDY

DIMENSIONS

M MODE MEASUREMENT	TEST VALUES	NORMAL VALUES
AORTA	2.2 mm	20-37 mm
LA	2.6 mm	24-40 mm
LVIDD	4.3 mm	37-53 mm
LVIDS	2.9 mm	24-36 mm
LVPWD	1.2 mm	6-12 mm
EF	60 %	>50%
IVSD	1.0 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 = 3.6 L mm Hg

CHAMBERS	IVS	P	PERICARDIUM
LEFT ATRIUM	Q	Q	CLOTS
RIGHT ATRIUM	Q	Q	VEGETATION
LEFT VENTRICLE	Q	Q	MASS
RIGHT VENTRICLE	Q	Q	SHUNTS

IMPRESSION:

NORMAL LVSF / EF = 60 %.
 NO ANOMA.
 GRADS IWPW
 NORMAL VALVES
 NO CM / NO USL.
 NO PE / NO PAH

M. Agilan
Dr. Agilan M. Doraiswamy

M.B.B.S, D.N.B, D.C.H (Pediatrics), PGDM in Child Health, PGDM in Cardiology,
 M.Sc. (Cardiology), Fellowship in Diabetology, Dip. Cardiology
 ISIC No. 62403 RCGP(UK) No. 101868
 Consultant Physician, Sonologist and Non-invasive Cardiologist

Dr. AGILAN M. DORAI SWAMY

MBBS, DCH (Obstetrics), DNB, PGDM in USG, ECGP, MRCP (UK)
 MSc. (Diabetology), Fellowship in Diabetology, Dip. Cardiology
 Consultant Physician, Sonologist 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-10 / 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
KIDNEY FUNCTION TEST				
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: FCC	113.0	U/L	46-116	Serum
CALCIUM Method: OCPD	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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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	:						

Verified By: 197097



Dr. Doddappa M B
PhD (Medical Biochemistry)
Consultant

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Name	: MRS. LAKSHMI .			Collection	: 19-May-2023 / 12:16 PM
Age/Gender	: 67Y-1D / Female			Received	: 19-May-2023 / 15:37 PM
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 / 17:45 PM
Bed	:				

Haematology

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



TEST REPORT

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Name	: MRS. LAKSHMI .			Collection	: 19-May-2023 / 12:16 PM
Age/Gender	: 57Y-1D / Female			Received	: 19-May-2023 / 15:37 PM
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	:				

Platelet Count	312000	/cmm	150000-400000	EDTA WB
Method: Electrical Impedance/Flowcytometry				
MPV	9.1	fL	6 - 10	EDTA WB
Method: Calculated				

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 polycythaemia, 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.

Dr. Hema N. Anadure

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

--- End Of Report ---

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TEST REPORT

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Age/Gender	: 67Y-1D / Female			Received	: 19-May-2023 / 15:39 PM
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:Hxokinase	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 endocrinological disorders

High levels are seen in:

1. Diabetes - Type 1 and 2
2. Gestational Diabetes
3. Stress, surgery
4. Endocrinological 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. Endocrinological 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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Biochemistry

Investigation	Observed Value	Unit	Biological Ref. Interval	Specimen
AMYLASE, SERUM				

AMYLASE	110.0	U/L	25-115	Serum
Method CNPGI				

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. Macromyelosmia

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

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

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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Biochemistry

Investigation	Observed Value	Unit	Biological Ref. Interval	Specimen
LIPID PROFILE				
TOTAL CHOLESTEROL Method: ChOD-PDD	193.0	mg/dl	Optimal : < 200 Border Line : 200 - 239 High : >= 240	Serum
TRIGLYCERIDES Method: GDD-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), in turn reducing risk of ASCVD.
3. Apolipoprotein B, hsCRP, Lp(a) and LP-PLA2 testing should be considered in patients with moderate risk for ASCVD.



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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

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Bed	:				

Biochemistry

Investigation	Observed Value	Unit	Biological Ref. Interval	Specimen
THYROID PROFILE, TOTAL				
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 μg/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


Dr. Doddappa M B
 PhD (Medical Biochemistry)
 Consultant



TEST REPORT

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

--- End Of Report ---

Important Instructions:

- Test results released pertain to specimen submitted.
- All results are dependent upon the quality of specimen received in the laboratory.
- Lab investigation is only a tool to facilitate in concluding a diagnosis , and should be clinically correlated by the referring physician.
- Certain tests may require further testing, at an additional cost for derivation of exact value, kindly submit request with in 2 days, post reporting.
- Sample repeats are accepted on request of Referring Physician with in sample stability period.
- Test results may show inter-laboratory variation.
- Results are for informational purposes , and not intended to replace the care of medical practitioner, and does not recommend self-diagnosis and/or self-medication.
- Aster clinical Lab LLP does not make any warranties expressed or implied with respect to information herein.
- Test results are not valid for medico legal purposes.
- The courts/forum at Cochin/Bangalore shall have exclusive Jurisdiction in all disputes/claims concerning the request and/or result of test(s).
- Contact customer care 9680396803 for all queries related to test results

Patient/Client is advised to contact the laboratory immediately, for any possible remedial action, If test result is alarming or unexpected



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
LIVER FUNCTION TEST				
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



TEST REPORT

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Name	: MRS. LAKSHMI .			Collection	: 19-May-2023 / 12:16 PM
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Bed					

6. In liver damage caused by heavy alcohol consumption.

Verified By: 197097

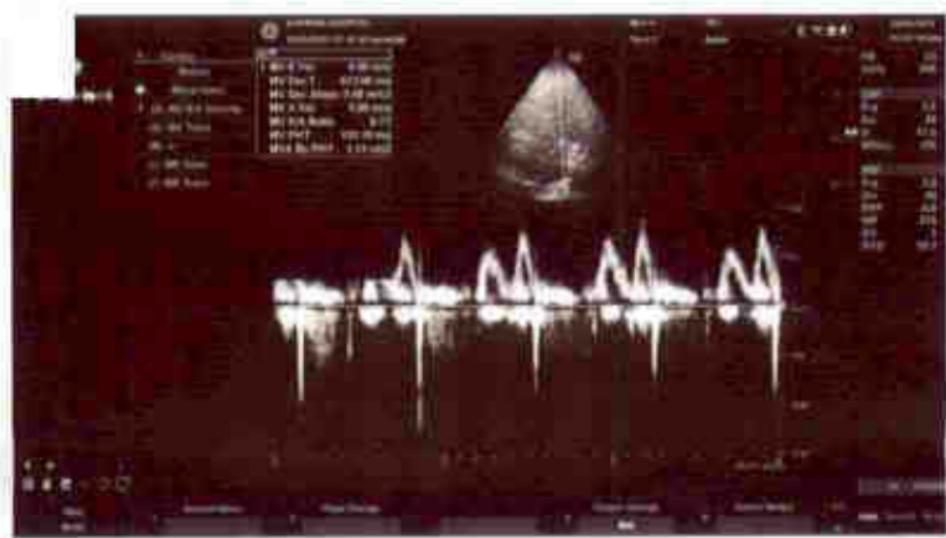

Dr. Doddappa M B
PhD (Medical Biochemistry)
Consultant

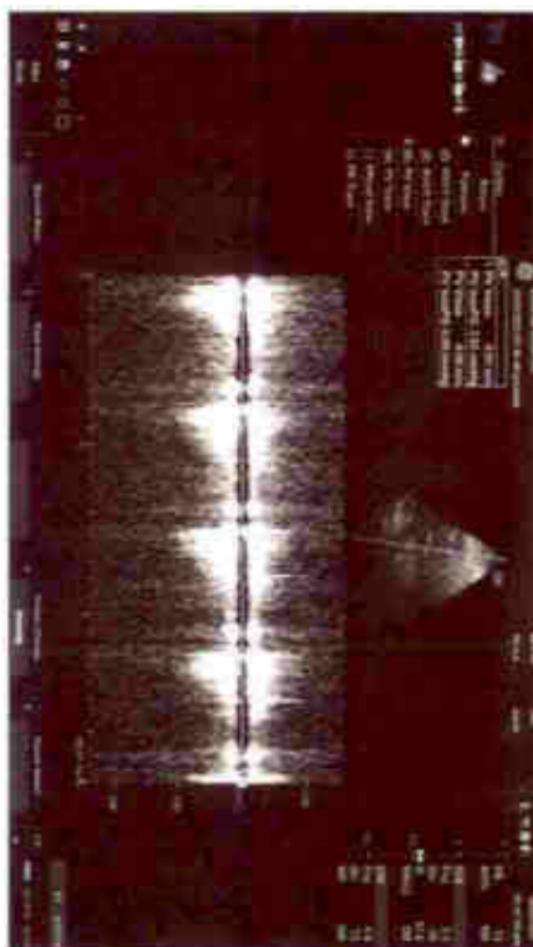
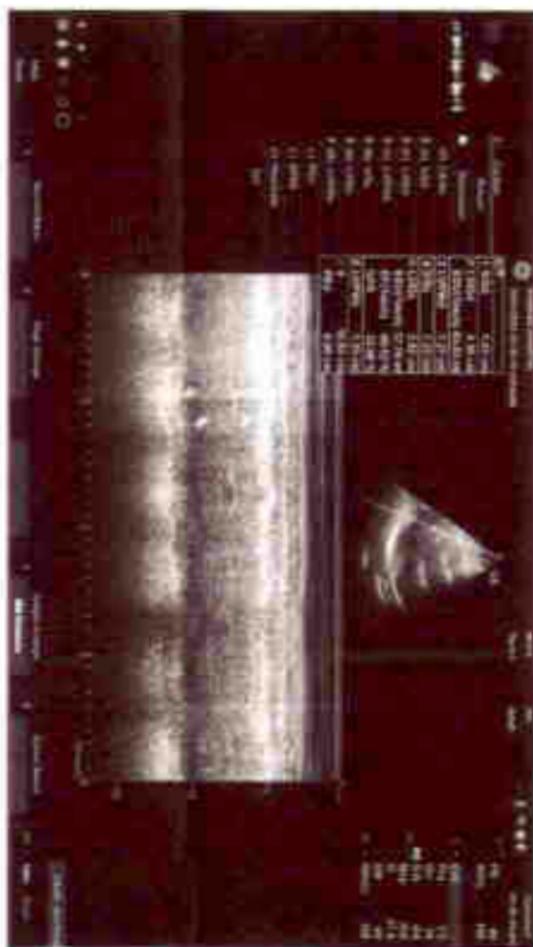
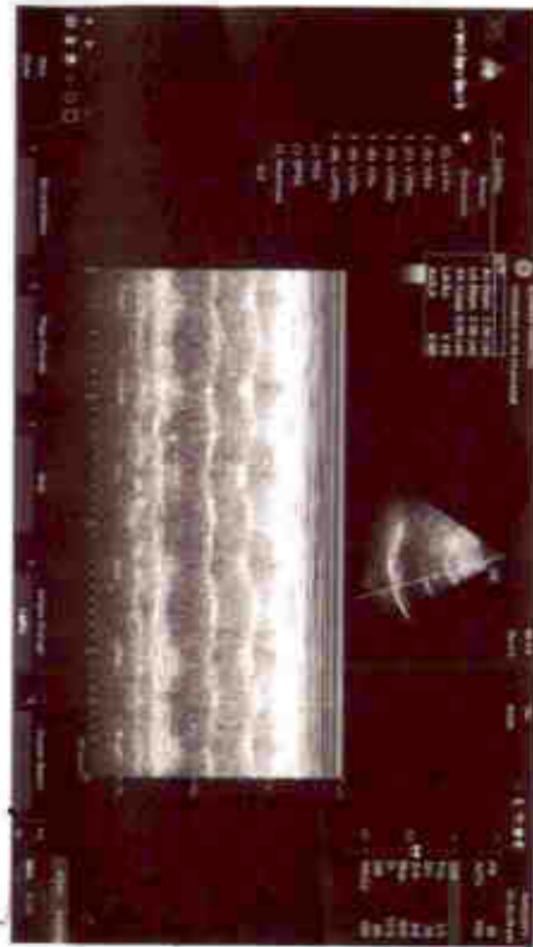
--- End Of Report ---

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62415

BPL

Diagnosis Information:

S Rhythm

mmHg

Normal ECG

kg

81 bpm

113 ms

165 ms

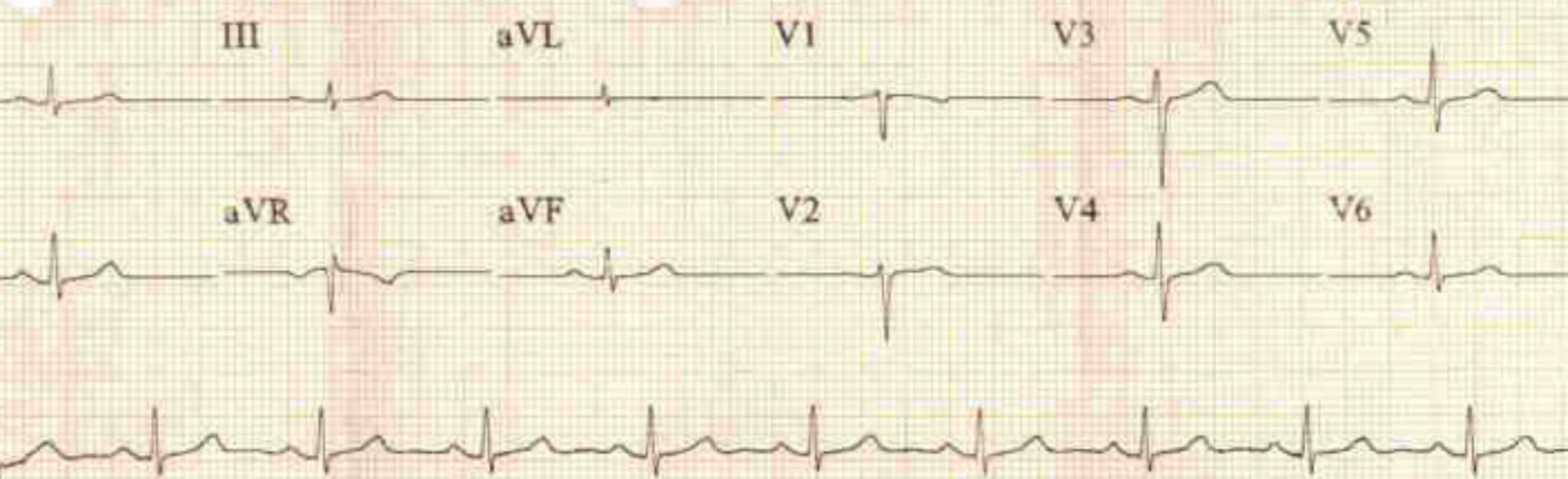
67 ms

358/416 ms

51.45/58

0.614/0.503 mV Report Confirmed by:

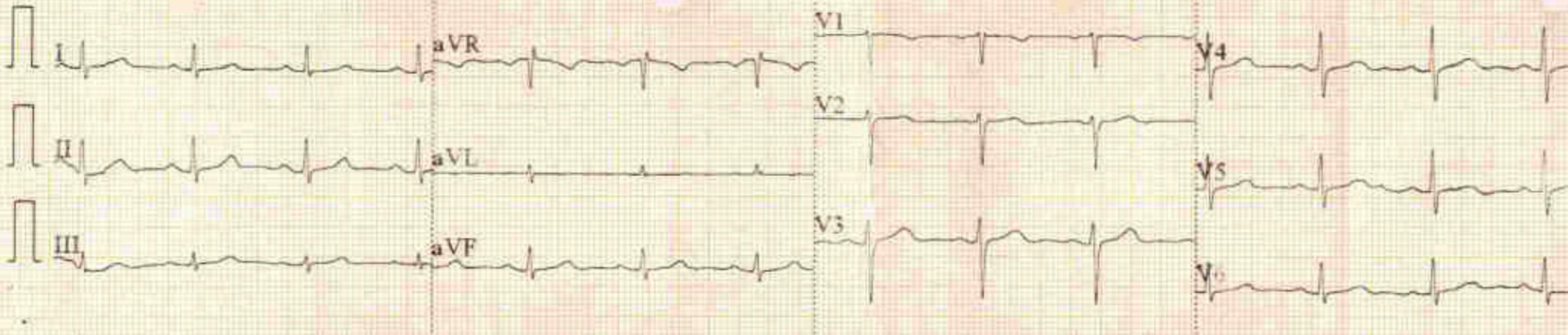
Average Template 25mm/s 10mm/mV



BPL

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

Mrs. Larkhan

ID: 16
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