

Electronic Medical Record Form

Medical ID: IND010

We ask you for information about your general health to help us treat you safely. Please complete your contact details below and answer all the health questions and then sign the back of the form.
All information will be kept strictly confidential by our service.

DOB:

First Name:

FOR OFFICE USE ONLY
Surname:

Title: **Ms**

Surname: **Verma**

First name: **Rida**

Date of Birth: 30th November 1991

Sex:

Male ☐

Female ☒

Address: 2B, Gandhi Nagar, Bangalore, Karnataka

Postcode: 560001

Occupation: HR Manager

Mobile Number: +91 98765 43210

Telephone number (home): +91 79 4567 8901

Email: verma.rida@example.com

In the event of an emergency, please contact

Name: Rakesh Verma

Telephone number: +91 98765 12345

Relationship to you: Father

Best interest contact

Name: Neha Joshi

Telephone number: +91 98765 67890

Relationship to you: Friend

Family Doctor's details

Doctor's name: Dr. Shashank Gupta

Telephone number: +91 79 3456 7890

Address: 6, Yashoda Care, Indiranagar, Bangalore

Postcode: 560038

Vaccination details

Name of Vaccination: Meningococcal Vaccine

Date of Vaccine administered: 30th August 2023

Hospital of Vaccine Administered: Fortis Hospital, Bangalore

Type of Vaccine: Meningococcal conjugate

Are you currently

yes

no

give details

Receiving treatment from a doctor, hospital or clinic?

☐☒

Taking any prescribed medicines? (including tablets, inhalers, injections, contraceptives and ointments)
Please list in detail or additional sheet if required.

☐☒

Taking any self prescribed medicines/drugs?
(including pain killers or recreational drugs)

☐☒

Any medical histories?

☐☒

Pregnant or possibly pregnant?

☐☒

Date: 01 February 2024

Signature of the Patient / Guardian

Dr. Shashank Gupta, M.B.B.S

Dermatologist

Yashoda Care

Bangalore

Clinic Hours:

MWF: 13:00 - 18:00

TTH: 9:00 - 15:00

Patient's Name: Rida Verma

Sex: Female

Age: 32

Medical ID: IND010

Date: 09 February 2024



Patient's History / Symptoms:

- Rash or redness on the skin
- Acne or pimples
- Dry, flaky skin
- Skin discoloration or pigmentation changes
- Suspected skin infections or infestations (e.g., fungal infections, scabies)

Diagnosis:

- Inflammation of the skin caused by contact with irritants or allergens
- Chronic inflammatory skin condition characterized by itching, redness, and scaling
- Darkening of the skin due to increased melanin production following inflammation or injury.

Prescription:

- | | |
|---------------------------|-----------|
| • Any mositurizers | 1 - 1 - 1 |
| • Hydrocortisone Cream 1% | 1 - 1 - 0 |
| • Hydroquinone Cream 4% | 0 - 1 - 1 |

Signature of Doctor

PROCESSED AT :
Thyrocare
UR House,
No. 1056C, Avinashi Road,
Coimbatore - 641014

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REPORT

NAME REF. BY : RIDA VERMA (19Y/M)

MEDICAL ID : IND010

TEST ASKED : Dr. Shashank Gupta

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	7.67	X 10 ³ / μ L	4.0-10.0
NEUTROPHILS	63	%	40-80
LYMPHOCYTE PERCENTAGE	25.3	%	20-40
MONOCYTES	5.3	%	0-10
EOSINOPHILS	5.6	%	0.0-6.0
BASOPHILS	0.5	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	4.83	X 10 ³ / μ L	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	1.94	X 10 ³ / μ L	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.41	X 10 ³ / μ L	0.2-1
BASOPHILS - ABSOLUTE COUNT	0.04	X 10 ³ / μ L	0-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.43	X 10 ³ / μ L	0-0.5
IMMATURE GRANULOCYTES(IG)	0.02	X 10 ³ / μ L	0-0.3
TOTAL RBC	5.5	X 10 ⁶ / μ L	4.5-5.5
NUCLEATED RED BLOOD CELLS	Nil	X 10 ³ / μ L	<0.01
NUCLEATED RED BLOOD CELLS %	Nil	%	<0.01
HEMOGLOBIN	13.4	g/dL	13-17
HEMATOCRIT(PCV)	47.4	%	40-50
MEAN CORPUSCULAR VOLUME(MCV)	86.2	fL	83-101
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	24.4	pg	27-32
MEAN CORP. HEMO. CONC(MCHC)	28.3	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	53	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	17.1	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	11.8	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	10.8	fL	6.5-12
PLATELET COUNT	183	X 10 ³ / μ L	150-400
PLATELET TO LARGE CELL RATIO(PLCR)	30	%	19.7-42.4
PLATELETCRIT(PCT)	0.2	%	0.19-0.39

Remarks : ALERT !!! Hypochromia, Anisocytosis

Please Correlate with clinical conditions.

Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)

(This device performs hematology analyses according to the Hydrodynamic Focussing (DC method), Flow Cytometry Method (using a semiconductor laser), and SLS- hemoglobin method)

Sample Collected on (SCT) : 12 Feb 2024 06:13

Sample Received on (SRT) : 14 Feb 2024 09:23

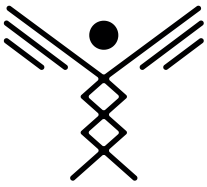
Report Released on (RRT) : 18 Feb 2024 10:57

Sample Type : EDTA

Labcode : 2608016201/PP004 : Dr. Subramaniam MD(Path)

Dr. Caesar Sengupta MD(Micro)

Barcode : J9295107



Patient Name: Rida Verma
Medical ID: IND010

Date: 03/02/2024
Referring Doctor: Dr. Paresh
Hospital: **Raintree Care**

Dermoscopy Report

Technique:

Standard posteroanterior of left forearm and right forearm dermoscopy.

Findings:

1. Anterior aspect of the left forearm: A well-demarcated, dark brown lesion with irregular borders, measuring approximately 6 mm in diameter. The surface is slightly elevated and rough.
2. Posterior aspect of the right forearm: A flat, tan-colored lesion with a diameter of approximately 4 mm. The border is regular, and the surface is smooth.

Impressions:

- The dermoscopy examination of the forearm identified multiple pigmented lesions with varying dermoscopic features.
- Lesions demonstrate a spectrum of findings, ranging from benign to potentially malignant.
- Lesions with concerning features are flagged for further evaluation or biopsy to rule out malignancy.

Date: 01 February 2024

Signature of Radiologist

Dermascopy Test Analysis

Image 1 – Dermascopy lesions scans of anterior left forearm, posterior right forearm *

