

# Electronic Medical Record Form

Medical ID: IND002

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: <b>Mr</b>	Surname: <b>Ram</b>	First name: <b>Kumar</b>
Date of Birth: 10 September 2005		Sex: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Address: 301, KapeGold, Adyar, Chennai		Postcode: 600068
Occupation: Engineer		Mobile Number: +91 9989456780
Telephone number (home): 040 6790-4446		Email: ramkumar@gmail.com

## In the event of an emergency, please contact

## Best interest contact

Name: Naresh	Name: Swathi
Telephone number: +91 7861878808	Telephone number: +91 8533995543
Relationship to you: Father	Relationship to you: Mother

## Family Doctor's details

Doctor's name: Dr. Paresh	Telephone number: 040 67855755
Address: Rainbow Hospitals, Chennai	Postcode: 600100

## Vaccination details

Name of Vaccination: Covishield	Date of Vaccine administered: 03 June 2022
Hospital of Vaccine Administered: Rainbow Hospitals, Chennai	Type of Vaccine: COVID-19

## Are you currently

yes no give details

Receiving treatment from a doctor, hospital or clinic?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Taking any prescribed medicines? (including tablets, inhalers, injections, contraceptives and ointments ) Please list in detail or additional sheet if required.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Taking any self prescribed medicines/drugs? (including pain killers or recreational drugs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any medical histories?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnant or possibly pregnant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date: 01 February 2024

Signature of the Patient / Guardian

# Dr. Paresh, M.B.B.S

Neurologist

Rainbow Hospitals  
Chennai

Clinic Hours:

MWF: 13:00 - 18:00

TTH: 9:00 - 15:00

**Patient's Name:** Ram Kumar

**Sex:** Male

**Age:** 21

**Medical ID:** IND002

**Date:** 03 February 2024

# Rx

## Patient's History / Symptoms:

- Double vision
- Neck stiffness
- Fever

## Diagnosis:

- A lumbar puncture (spinal tap) to check for signs of infection in the brain or spinal cord
- Neuroimaging - MRI or CT scan
- A sputum culture tests the material that is coughed up from the lungs to see if certain infections are present.

## Prescription:

- |                               |                  |
|-------------------------------|------------------|
| • <b>Acyclovir (Zovirax)</b>  | <b>1 - 1 - 0</b> |
| • <b>Ganciclovir (Zirgan)</b> | <b>1 - 1 - 0</b> |
| • <b>Foscarnet (Foscavir)</b> | <b>0 - 1 - 1</b> |

---

Signature of Doctor

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

**Thyrocare®**  
The Trust. The Truth.

Corporate Office : Thyrocare Technologies Limited D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703  
☎ 022 - 3090 0000 / 4125 2525 ☎ 8691866066 ✉ wellness@thyrocare.com 🌐 www.thyrocare.com

**REPORT**

NAME REF. BY : RAM KUMAR (19Y/M)  
TEST ASKED : SELF

MEDICAL ID : IND002

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	7.67	X 10 <sup>3</sup> / μL	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 <sup>3</sup> / μL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	1.94	X 10 <sup>3</sup> / μL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.41	X 10 <sup>3</sup> / μL	0.2-1
BASOPHILS - ABSOLUTE COUNT	0.04	X 10 <sup>3</sup> / μL	0-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.43	X 10 <sup>3</sup> / μL	0-0.5
IMMATURE GRANULOCYTES(IG)	0.02	X 10 <sup>3</sup> / μL	0-0.3
TOTAL RBC	5.5	X 10 <sup>6</sup> /μL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Nil	X 10 <sup>3</sup> / μL	<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 <sup>3</sup> / μL	150-400
PLATELET TO LARGE CELL RATIO(PLCR)	30	%	19.7-42.4
PLATELETCRIT(PCT)	0.2	%	0.19-0.39

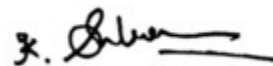
Remarks : ALERT !!! Hypochromia, Anisocytosis

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)

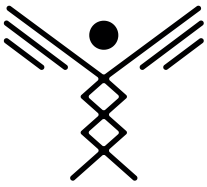
Sample Collected on (SCT) :03 Feb 2024 06:13  
Sample Received on (SRT) :04 Feb 2024 09:23  
Report Released on (RRT) :08 Feb 2024 10:57  
Sample Type : EDTA  
Labcode : 2608016201/PP004 :  
Barcode : J9295107



Dr. Subramaniam MD(Path)



Dr. Caesar Sengupta MD(Micro)



Patient Name: Ram Kumar  
Medical ID: IND002

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

## CT Scan Report

### Technique:

Standard posteroanterior and lateral brain CT's were obtained in anterior-posterior (AP) and lateral projections, respectively.

### Findings:

- **Brain:** The brain parenchyma appears grossly normal without evidence of acute infarcts, hemorrhages, or mass lesions.
- **Skull:** No evidence of bony abnormalities or fractures.
- **Soft Tissues:** No evidence of abnormal soft tissue masses or lesions within the head and neck region.
- **Paranasal Sinuses:** The paranasal sinuses are clear without evidence of sinus disease or mucosal thickening.
- **Mastoid Air Cells:** The mastoid air cells are well-aerated bilaterally.
- **Orbits:** The orbits are intact without evidence of globe or orbital abnormalities.
- **Temporal Bones:** The temporal bones appear symmetrical without evidence of abnormalities.
- **Cranial Nerves:** No gross abnormalities involving the cranial nerves are identified.

### Impressions:

1. Normal CT Imaging: The CT scan of the head reveals no gross abnormalities or acute findings.
2. Absence of Intracranial Abnormalities: The brain parenchyma, skull, and soft tissues appear within normal limits.
3. No Evidence of Sinus Disease: The paranasal sinuses are clear without evidence of sinusitis or mucosal thickening.
4. Normal Mastoid Air Cells and Orbits: The mastoid air cells, orbits, and temporal bones appear grossly normal.

Date: 01 February 2024

---

**Signature of Radiologist**

## CT-Scan

Image 1 – Brain CT Posterior\*

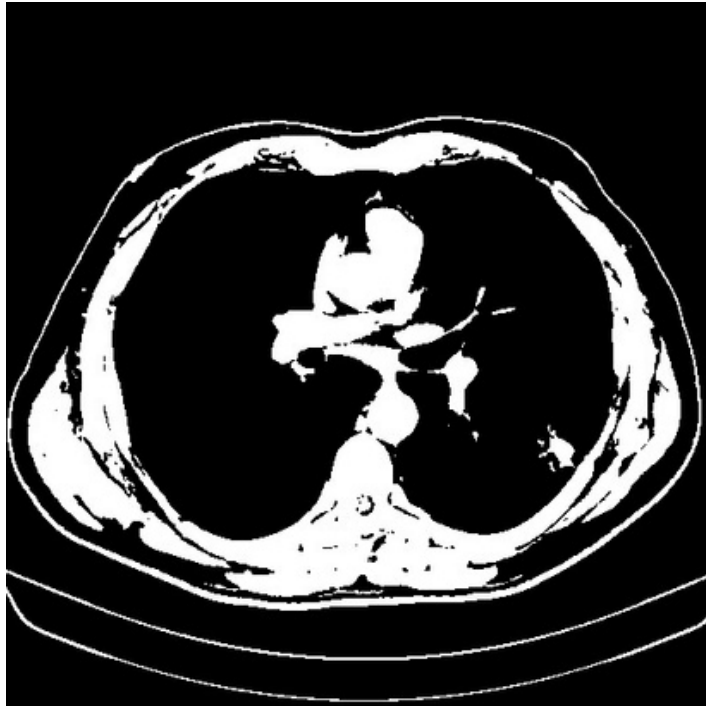


Image 2 – Brain CT Anterior\*

