

MEDICAL AUTHORIZATION LETTER

Annual Health Checkup - Cognizant Technology Solutions

Employee Name : SUMIT CHANSOULIYA

Employee No : 466148

Date of Appointment : 26/09/2015

Reporting Time : 8:00AM

Provider Name : Bloom Health Care.

TA Code : 1811145

Provider Address : No.32 Taramani Link Road,Velachery City:CHENNAI State:TAMIL NADU Pincode:600042 Mobile:
Phone:42640865/42640866/ 9884066966

Package 1

Complete Hemogram
Blood Group and Rh factor
Fasting Blood Sugar
Total Cholesterol
AST
ALT
Uric Acid
Routine Urinalysis
Chest Xray
ECG
General Physical Examination and Physician Consultation
Eye Examination- Checking Eye Power only
Dental Screening - Teeth Examination only
PPBS
Blood pressure Systolic
Blood pressure Diastolic
Height
Weight
Waist circumference

Client Signature :

Date :

Instructions :

1. You are requested to be present at the medical center at the designated time.
2. Kindly be aware of the following while your tests are done:
 - a. TMT
 - i. A qualified medical authority is present at the time of TMT.
 - ii. Please tell the cardiologist if you have any medical history.
 - b. Female nurses are present during ECG, ultrasound and X-Ray of female clients.
 - c. Hygiene is maintained at the time of tests.
 - d. While blood draw
 - i. Second puncture if required should be done with the consent of client.
 - ii. Needle should be opened in your presence and destroyed after blood draw.
 - iii. Blood sample should be labeled in your presence.

Please call us at toll free no 180030008424 or email us at the following email id healthchecks.cts@uhcindia.com , if you observe a deviation in any of the above.

3. You will be required to present a copy of the Medical Authorization Letter and any one of your photo ID proofs (Employee ID Card / Driving License / PAN Card / Aadhar Card / Voter ID / Ration Card / Passport copy)
4. Kindly ensure to maintain the fasting status (avoid consuming food and drinks) 10-12 hours before the appointment. Only water may be consumed.
5. You are requested to carry along the morning Urine and Stool samples in a clean container. You can collect the containers from the designated medical center in advance by showing a copy of this Authorization Letter; alternatively you may purchase the containers from pharmacy shops.
6. It is advisable to wear comfortable clothes & running shoes. You may be required to change into clothes provided by the center during the tests. (For males only - Chest area needs to be shaved for TMT for fixing the leads).
7. If you are on any medication, then we request you to carry the same or its prescription along with you at the time of medical checkup and inform the co-coordinator.
8. Kindly carry reports of the previous investigations, consultation notes or medications (for significant illness if any) as it will facilitate a better evaluation of the medical history.
9. Prior Cardiac problems if any, need to be intimated to the consulting cardiologist before undergoing TMT.
10. Partial completions of the tests are deemed to be completion of the master health check-up.
11. You may have to return to the medical center after these tests for consultations. Please ensure all consultations are completed within 48 hours after your initial appointment.
12. Kindly collect your medical reports directly from the medical center 48 hours after the appointment date.

Thanking you,

Regards,

UnitedHealthcare India Pvt. Ltd

Customer Care: 180030008424

Email: healthchecks.cts@uhcindia.com