STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034.
Corporate Office - Claims Dept. : No.15, Balaji Complex, Whites Lane, 1st Floor, Royapettah, Chennai - 600 014.
Toll free Phone No: 1800 425 2255 Toll free Fax No: 1800 425 5522
CIN : U66010TN2005PLC056649 Email:support@starhealth.in Website: www.starhealth.in IRDAI Regn. No: 129

REQUEST FOR CASHLESS HOSPITALISATION FOR HEALTH INSURANCE

POLICY PART – C (Revised)

(TO BE FILLED IN BLOCK LETTERS)

DETAILS OF THE THIRD PARTY ADMINISTRATOR/INSURER/HOSPITAL.:

a. Name of TPA/Insurance company : STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

b. Toll free phone number: _____

c. Toll free fax: _____

d. Name of Hospital: MEDWAY HOSPITALS No. 2, Old No. 26, 1st Main R... United India Colon...

I.Address _____

ii.Rohini ID _____

iii.e-mail id _____

TO BE FILLED BY INSURED/PATIENT

A. Name of the Patient : Jaya Lakshmi

B. Gender: ☐ Male ☑ Female ☐ Third Gender

C. Age: 80 (Years) / (Month)

D. Date of Birth: _____ (DD/MM/YYYY)

E. Contact number: 9840604456

F. Contact number of attending Relative: _____

G. Insured Card ID number: 555493 4-5

H. Policy number/Name of Corporate: _____

I. Employee ID : _____

J. Currently do you have any other mediclaim / health insurance: Yes ☐ No ☑

i.Company Name: _____

ii.Give Details: _____

K. Do you have a family Physician: Yes ☐ No ☑

L. Name of the family Physician: _____

M. Contact number, if any: _____

N. Current Address of Insured Patient: _____

O . Occupation of Insured Patient: _____

(PLEASE COMPLETE DECLARATION OF THIS FORM)

TO BE FILLED BY TREATING DOCTOR/HOSPITAL

A. Name of the treating Doctor: Dr. T. palaniappan

B. Contact number::

C. Nature of illness/Disease with presenting complaint : 40, generalised tiredness

D. Relevant Critical Findings: x4 days, giddiness, drowsiness (+)

E. Duration of the present ailment 4 Days

iv. Date of First consultation 18/01/24 (DD/MM/Y'YYY)

v. Past history of present ailment, if an Nil

F. Provisional diagnosis:
ICD I0 code Hyponatremia / T2DM / SHTN.

G. Proposed line of treatment:

I.	Medical Management	(✓)
II.	Surgical Management	( )
III.	Intensive care	(✓)
IV.	Investigation	( )
V.	Non-allopathic treatment	( )

H. If investigation and/or Medical Management, provide details: Enclosed

i. Route of Drug Administration oral

I. If surgical, name of surgery: - Nil -
i. ICD I0 PCS code - Nil -

J. If other treatment, provide details:

K. How did injury occur:

L. In case of accident: NA.

i. Is it RTA	Yes		No	
ii. Date of injury	Yes		No	
iii. Report to Police	Yes		No	
iv. FIR NO	Yes		No	
v. Injury/Disease caused due to substance vi. abuse/alcohol consumption	Yes		No	
vii. Test conducted to establish this (if yes, attach report)			No	

M. In case of Maternity:
I. expected date of Delivery _____ (DD/MM/Y'YYY)

DETAILS OF PATIENT ADMITTED

A. Date of admission : (DD/MM/YYYY) 18/01/24.

B. Time of admission: (HH:MM) _____

C. Is this emergency/planned hospitalization event Emergency ☑ Planned ☐

D. Mandatory Past History of any chronic illness if yes (Since month/year)

i. Diabetes
ii. Heart disease
iii. Osteoarthritis
iv. Asthma/COPD/Bronchitis
v. Cancer
vi. Alcohol/Drug abuse
vii. Any HIV or STD Related ailment
viii. Rheumatoid Arthritis
ix. Cerebrovascular Accident(Stroke)
I. Liver disease
xi. Kidney disease
xii. Any other ailment,give details

No

E. Expected number of Days/Stay in hospital : 4-5 Days

F. Level / Grade of Surgery: _____

G. Days in ICU: 4 Days

H. Room Type: GW

I. Per day room rent + nursing and service charges +patients diet: _____

J. Expected cost of investigation + diagnostic: _____

K. ICU Charges: _____

L. OT Charges _____

M. Professional fees Surgeon + Anesthetist fees + consultation Charges: _____

N. Medicines + Consumable + Cost of Implants (if applicable please specify): _____

O. Other hospital expenses if any: _____

P. All-inclusive package charges if any applicable : _____

Q. Sum Total expected cost of hospitalization : ~~=~~ 1,80,000/-

(Approximately)

DECLARATION

(Please read very carefully)

A. Name of the treating doctor : Dr. Palaniappan

B. Qualification : _____

C. Registration number with state code : _____

MEDWAY HOSPITALS
No. 2, Old No. 26, 1st Main Road,
United India Colony,
Kodambakkam, Chennai-600 024

Hospital Seal
(Must include Hospital Id)

Patient/Insured Name and Sign

MEDWAY HOSPITALS
No. 2, Old No. 26, 1st Main Road,
United India Colony,
Kodambakkam, Chennai-600 024

DECLARATION BY THE PATIENT / REPRESENTATIVE

a. I agree to allow the hospital to submit all original documents pertaining to hospitalization to the Insurer/T.P.A after the discharge. I agree to sign on the Final Bill & the Discharge Summary, before my discharge.

b. Payment to hospital is govemed by the terms and conditions of the policy. In case the Insurer / TPA is not liable to settle the hospital bill, I undertake to settle the bill as per the terms and conditions of the policy.

c. All non-medical expenses and expenses not relevant to current hospitalization and the amounts over & above the limit authorized by the Insurer/T.P.A not govemed by the terms and conditions of the policy will be paid by me.

d. I hereby declare to abide by the terms and conditions of the policy and if at any time the facts disclosed by me are found to be false or incorrect I forfeit my claim and agree to indemnify the Insurer / T.P.A

e. I agree and understand that T.P.A is in no way warranting the service of the hospital & that the Insurer / TPA is in no way guaranteeing that the services provided by the hospital will be of a particular quality or standard.

f. I hereby warrant the truth of the forgoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppression or concealment with respect to the claim, my right to claim reimbursement of the said expenses shall be absolutely forfeited.

g. I agree to indemnify the hospital against all expenses incurred on my behalf, which are not reimbursed by the Insurer / TPA

h. "I/We authorize Insurance Company/TPA to contact me/us through mobile/email for any update on this claim".

Authorization to Star health and allied Insurance Co. Ltd

I am admitted in your Hospital _____ from _____

I hereby authorize Star health and allied Insurance Co. Ltd. and its representatives, who is my Health Insurer to seek any medical information / records from you or from the Medical Practitioners who have attended on me in connection with the above ailment and the treatment given. In case they seek any such information / records / indoor case papers, kindly oblige.

a) Patient's / Insured's Name : Jaya Lakshmi

b) Contact number :

c) e-mail Id :

d) Patient's / Insured's Signature :

Date : _____ Time : _____

HOSPITAL DECLARATION

a. We have no objection to any authorized TPA / Insurance Company official verifying documents pertaining to hospitalization.

b. All valid original documents duly countersigned by the insured / patient as per the checklist below will be sent to TPA / insurance Company within 7 days of the patient's discharge.

c. we agree that TPA / Insurance Company will not be Liable to make the payment in the event of any discrepancy between the facts in this form and discharge summary or other documents.

d. The patient declaration has been signed by the patient or by his representative in our presence

e. We agree to provide clarifications for the queries raised regarding this hospitalization and we take the sole responsibility for any delay in offering clarifications.

f. We will abide by the terms and conditions agreed in the MOU

g. We confirm that no additional amount would be collected liom the insured in excess of Agreed Package Rates except costs towards non-admissible amounts (including additional charges due to opting higher room rent than eligibility choosing separate line of treatment which is not envisaged/considered in package).

h. We confirm that no recoveries would be made from the deposit amount collected from the insured except for costs towards non-admissible amounts (including additional charges due to opting higher room rent than eligibility/ choosing separate line of treatment which is not envisaged/considered in package).

I. In the event of unauthorized recovery of any additional amount from the Insured in excess of Agreed Package Rates, the authorized TPA / Insurance Company reserves the right to recover the same from us (the Network Provider) and,/or take necessary action, as provided under the MOU or applicable laws.

MEDWAY HOSPITALS
No. 2, Old No. 26, 1st Main Road,
United India Colony,
Kalambakkam. Chennai-600 024

Hospital Seal

Doctor's Signature

Date :_____Time:_____

भारत सरकार

आधार

இந்திய அரசாங்கம்

Government of India

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

Unique Identification Authority of India

பதிவேட்டு எண்/ Enrolment No.: 0623/12305/00860

To
ரா ஜெயலட்சுமி
R Jayalakshmi
C/O: Radhakrishnan
88
perumal kovil street
kosavanpettai
uthukottai
Rallapadi
Tiruvallur Tamil Nadu - 601101
9600754779

உங்கள் ஆதார் எண் / Your Aadhaar No. :

7373 6018 3310

VID : 9140 6208 6088 2764

எனது ஆதார், எனது அடையாளம்

Issue Date: 29/06/2021

இந்திய அரசாங்கம்

Government of India

ரா ஜெயலட்சுமி
R Jayalakshmi
பிறந்த நாள்/DOB: 01/06/1946
பெண்/ FEMALE

7373 6018 3310

VID : 9140 6208 6088 2764

எனது ஆதார், எனது அடையாளம்

Government of India

AADHAAR

தகவல் / INFORMATION

- ஆதார் என்பது அடையாளச் சான்று, குடியுரிமைக்கான சான்று அல்ல
- ஆதார் தனித்துவமானது மற்றும் பாதுகாப்பானது.
- பாதுகாப்பான QR குறியீடு/ஆ.ப்லைன் XML / ஆன்லைன் அங்கீகாரத்தைப் பயன்படுத்தி அடையாளத்தைச் சரிபார்க்கவும்
- ஆதார் கடிதம், பிவிசி கார்டுகள், இ ஆதார் மற்றும் எம் ஆதார் போன்ற அனைத்து வகையான ஆதார்களும் சமமாக செல்லுபடியாகும். 12 இலக்க ஆதார் எண்ணுக்கு பதிலாக மெய்நிகர் ஆதார் அடையாளத்தை (VID) பயன்படுத்தலாம்.
- 10 ஆண்டுகளுக்கு ஒரு முறையாவது ஆதாரை புதுப்பிக்கவும்
- பல்வேறு அரசு மற்றும் அரசு சாரா பலன்கள் / சேவைகளைப் பெற ஆதார் உங்களுக்கு உதவுகிறது
- உங்கள் மொபைல் எண் மற்றும் மின்னஞ்சல் ஐடியை ஆதாரில் புதுப்பிக்கவும்.
- ஆதார் சேவைகளைப் பெற உங்கள் ஸ்மார்ட் போன்களில் எம் ஆதார் செயலியைப் பதிவிறக்கவும்
- பாதுகாப்பை உறுதிப்படுத்த ஆதார் / பயோமெட்ரிக்ஸ் லாக் / அன்லாக் அம்சத்தைப் பயன்படுத்தவும்
- ஆதார் கோரும் நிறுவனங்கள் உரிய ஒப்புதலைப் பெற வேண்டும்
- Aadhaar is a proof of identity, not of citizenship.
- Aadhaar is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number.
- Update Aadhaar at least once in 10 years.
- Aadhaar helps you avail various Government and Non- Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app on smart phones to avail Aadhaar Services.
- Use the feature of lock/unlock Aadhaar/biometrics to ensure security.
- Entities seeking Aadhaar are obligated to seek due consent.

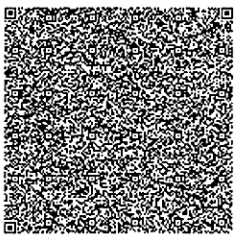
இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

Unique Identification Authority of India

Download Date: 17/08/2023

முகவரி:
கேர் ஆப்: ராதாகிருஷ்ணன், 88, பெருமாள் கோவில் தெரு, கொசவன்பேட்டை, ஊத்துகோட்டை, ராள்ளபாடி, திருவள்ளூர், தமிழ் நாடு - 601101

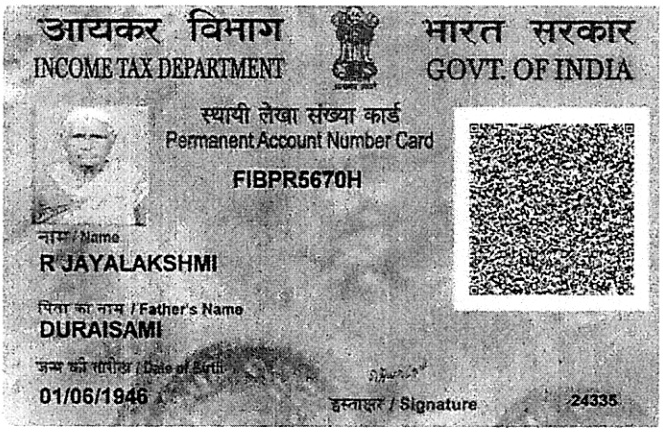
Address:
C/O: Radhakrishnan, 88, perumal kovil street, kosavanpettai, uthukottai, Rallapadi, Tiruvallur,
Tamil Nadu - 601101



7373 6018 3310

VID : 9140 6208 6088 2764

1947 | help@uidai.gov.in | www.uidai.gov.in



आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

FIBPR5670H

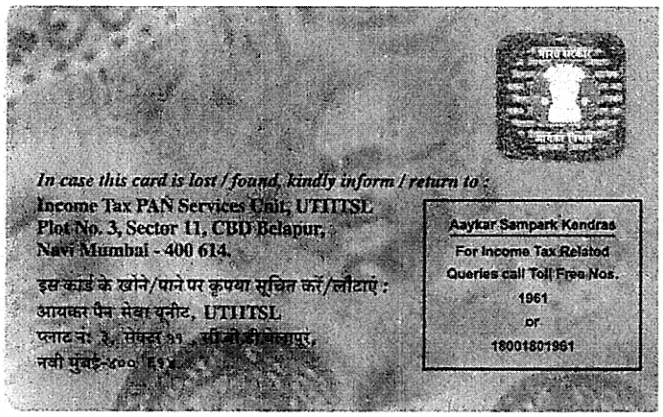
नाम / Name
R JAYALAKSHMI

पिता का नाम / Father's Name
DURAISAMI

जन्म की तारीख / Date of Birth
01/06/1946

हस्ताक्षर / Signature

24335



In case this card is lost / found, kindly inform / return to :

Income Tax PAN Services Unit, UTITSL
Plot No. 3, Sector 11, CBD Belapur,
Navi Mumbai - 400 614.

इस कार्ड के खोने/पाने पर कृपया सूचित करें/लौटाएं :
आयकर पैन सेवा यूनीट, UTITSL
प्लाट नं. ३, सेक्टर ११, सी.बी.डी.बेलापुर,
नवी मुंबई-४०० ६१४.

Aaykar Sampark Kendras
For Income Tax Related
Queries call Toll Free Nos.
1961
or
18001801961

Star Health and Allied Insurance Co. Ltd.

Senior Citizens Red Carpet Health Insurance Policy
Unique Identification No. SHAHLIP22199V062122

In Consideration of payment of Rs. 15,222/- towards renewal premium of policy number:11230068095506, the policy stands renewed for a further period of 1 Year as per the details given below

Renewal Endorsement No:11230068095507

Customer Code	: 5554934	GSTIN	: 33AAJCS4517L1Z5
Customer Name	: R K RAJENDRAN	SAC Code	: 997133 / Accident and Health Insurance Services
Proposer Code	: 5554934	Issuing Office Code	: 700001
Proposer Name	: R K RAJENDRAN	Issuing Office Name	: Chennai - TS
Proposer Address	: AGR,NO:86,PERUMAL KOIL ST,KOSAUAN ST PATTAI NEAR PERIYAPALAY ARANI Ponneri Taluk Tamil Nadu 601101	Issuing Office Address	: No.289, 2nd & 3rd Floor, West Sivan Koil Street, Vadapalani Chennai Tamil Nadu 600026
Phone No	: 9840604456	Phone No	: 044-47686041
E-mail Id	: srisathishsagi@gmail.com	E-mail Id	: telesupport@starhealth.in
Proposer GSTIN	: NO	Place of Supply	: Tamil Nadu
Proposal date	: 22-Jul-2016	Fulfiller Code	: SO700001
Date of Inception of first policy	: 22-Jul-2016		
Renewal Year	: Seventh Year		
Collection No	: 191137026450		
Collection Date	: 27-Jul-2023		
Premium	: Rs. 12,900/-	**Name**	**: Office Direct**
CGST @ 9%	: Rs. 1,161/-	**Phone No**	**:044-47686041**
SGST @ 9%	: Rs. 1,161/-	**E-mail Id**	**:telesupport@starhealth.in**
Total Premium	: Rs. 15,222/-		
Stamp Duty	: Re. 1/-		

Total Premium In Words : Rupees Fifteen thousand two hundred twenty two only

PERIOD OF INSURANCE : From : 28-Jul-2023 00:00 **To :** Midnight Of 27-Jul-2024 **Policy Term :**1 Year

Installment Facility Option: No **Premium Payment Frequency :** Annual **Installment Amount Rs. :** 0/-

Policy Type : INDIVIDUAL

Details of Insured Persons :

Sl. No.	Name	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	OP Limit	Co-Pay	Sum Insured	Inception date
1	JAYALAKSHMI	Female	01-Jan-1944	79	Mother	5554934-5	600	30	3,00,000	22-Jul-2016

Pre Existing Disease : Diabetes Mellitus and its complications
Hypertension and its complications

Entered by : CUSTPORTAL
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

IRDA Regn.No.129
Corporate Identity Number L66010TN2005PLC056649
Email ID: info@starhealth.in
Regd. & Corporate Office: No.1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034. Phone: 044-28288800 • Fax: 044-28260062

MH/PRINT /0054/ NRS

Medway Hospitals®

The way to better health

Mrs.JAYALAKSHMI R
80/Female/MH202370643
18/01/2024/II2024000126
Dr.T.PALANIAPPAN

HISTORY & PHYSICAL EXAMINATION FORM

I.P. No. : B126

Sex : M (F) Ward : 3 Room No. : 308 B

Consultant Dr. : T. Palaniappan D.O.A : 18/1/2024.

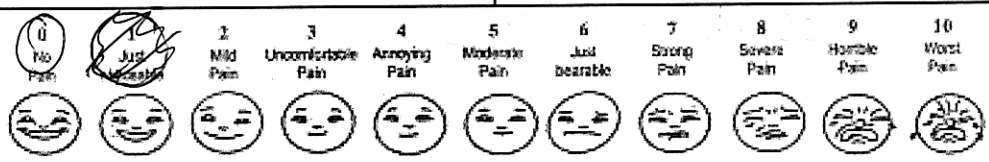
Temp : 98-6 Pulse : 80 Resp : 20 h

B/P : 130/80 Height : 160 Weight : 70.1

Allergies : — NKDA.

Current Medications : yes

LBG - 131



Complaints

Patient c/o generalised tiredness for past 4 days ass w on and off giddiness., drowsiness (+)

Pt c/o nausea for past 4 days.

Pt c/o inability to swallow food for past 1 day.

History of Present illness

no h/o fever/cough/cold/abdominal pain/vomiting/burning micturation.

Past history of relevance

~~family~~ ~~and~~ ~~Personal~~

k/h/o T2DM/SHTN for past 15 years, on medications

past surgical hx - had an implant over (R) femur 7 years ago.

Clinical Examination

Patient has mild pallor.

o/f No icterus/clubbing/cyanosis/lymphadenopathy/edema

O/E - patient is conscious, oriented, afebrile

Continuation on the reverse side ☐

S/E - CVS - S_1S_2 (+)

RS - B/L AE (+)

P/A - soft, BS (+)

CNS - NFND

Investigation required

S. Electrolytes / TFT / CBG

Urine Na / Urine osmolarity / Urine r/s

USG Abdomen / ECHO

Diagnosis

Hyponatremia / T_2DM / SHTN

Plan of Care

- Admit ↓ Dr. Palaniappan sir
- IVF NS @ 100 ml/hr
- INJ EMESET 4mg IV BD
- INJ TUSCOOL 40 mg IV BD

Monitor vitals

Date : 18/1/24 Time : 4 pm

Signature 172159

Examined by Dr. Soundharya

Medway Hospitals ®
The way to better health

DRUG CHART

MH/ PRINT / 0042 / NRS

Name of the Patient : mrs. Jayalakshmi Age 80 Sex F Bed No. 308(B)

Clinical Diagnosis : A - Hyponatremia. IP No. 0126 Ht. 160.1 Wt. 72.1

Primary Consultant Name : Dr. T. palaniappan PID No. 0643

Name of the Medicine	Dose	Route	Frequency	18/1/24	19/1/24
INJ. PAN	40mg	IV	1-0-1	8 pm	8 pm
INJ. EMESET	4mg	IV	1-0-1	8 pm	8 pm
TAB CILDIN T	10 mg	P/O	1-0-1	8 pm	8 pm
TAB ROSULESS GOLD 10	1 tab	P/O	0-0-1	8 pm	8 pm
TAB RANCAD	500 mg	P/O	1-0-1	8 pm	8 pm
TAB AMARYL	2 mg	P/O	1-0-1 Irewritten		
TAB. SELOKEN XL	50mg	P/O	1-0-1	8 pm	8 pm
TAB DAPABITE V	10mg	P/O	1-0-0 Irewritten		
TAB LUPICHLOR	12.5mg	P/O	1-0-0		8 am
TAB AUCTOFIT	1 tab	P/O	1-0-0		8 am
Administered by (Nurse Signature) :				8 pm	8 pm Kamali
Verified by (DMO Signature) :					

Nurse Signature : Kamali
Nurse Name : Kamali 2537
Date & Time : 18/1/24 1pm

DMO Signature : 17/1/24
DMO Name : Dr. Sowndharya
Date & Time : 18/1/24 at 4pm

Primary Consultant Signature : 17/1/24
Primary Consultant Name : Dr. T. palaniappan
Date & Time : 18/1/24 at 4pm
Reg No. : 55530

Medway Hospitals ®
The way to better health

DRUG CHART

MH/ PRINT / 0042 / NRS

Name of the Patient : MRS. JAYALAKSHMI Age 80 Sex F Bed No. 308 (B)

Clinical Diagnosis : Δ - Hyponatremia IP No. 0126 Ht. 160 Wt. 72

Primary Consultant Name : Dr. T. Palaniappan PID No. 0643

Name of the Medicine	Dose	Route	Frequency	18/1/24
TAB SHELCAL	500mg	P/O	1-0-0	

Administered by (Nurse Signature) :

Verified by (DMO Signature) :

Nurse Signature : Kamali
Nurse Name : Kamali 2531
Date & Time : 18/1/24 at 6.30pm

DMO Signature : 18159
DMO Name : Dr. Sowndhaiya
Date & Time : 18/1/2024 @ 6.30pm

Primary Consultant Signature : for 172159
Primary Consultant Name : Dr. T. Palaniap.
Date & Time : 18/1/2024 @ 6.30pm
Reg No. : 55530

Mrs.JAYALAKSHMI R
80/Female/MH H202370643
18/01/2024/I 2024000126
Dr.T.PALANIAPPAN

Medway Hospitals®
The way to better health

MH/PRINT /0064/ NR

I P INSTRUCTION AND MONITORING CHART

Date		18/1/24	19/1/24						
PR	BP	Day / Night	Day / Night	Day / Night	Day / Night	Day / Night	Day / Night	Day / Night	Day
		12 4 8 12 4 8 2 4 6 8	6 8 12 4 6 8						

Temp: 106°, 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98.6°, 98°, 97°

On admission

Hb/plt								
Urea / Creat								
CBG								
RX								
Inv								
ABX								
Culture								
Misc								

MC-5409

Medway Labs
(A Unit of United Alliance Healthcare Pvt Ltd)

Laboratory Test Result

Patient Name	:	**Mrs.JAYALAKSHMI R**	Patient Id	:	MMH202370643
Visit No	:	IP2024000126	Sample ID	:	MHUri20020
Age	:	80	Order Date	:	18/01/2024
Gender	:	Female	Collection Date & Time	:	19/01/2024 12:15:50AM
Visit Type	:	IP	Receiving Date & Time	:	19/01/2024 12:16:16AM
Patient Ph No	:		Report Date & Time	:	19/01/2024 12:56:23AM
Ward/Bed	:	TWIN SHARING / 308 - A	Doctor Name	:	Dr.T.PALANIAPPAN

Investigation	Value	Unit	Biological Reference Value
CLINICAL PATHOLOGY			
URINE ROUTINE ANALYSIS			
COLOR	YELLOW		STRAW YELLOW
(Method : *Macroscopy)*			
(Specimen : *Urine)*			
APPEARANCE	SLIGHTLY TURBID		CLEAR
(Method : *Macroscopy)*			
(Specimen : *Urine)*			
PROTEIN	NIL		NEGATIVE
(Method : *Automated (Protein Error Reaction))*			
(Specimen : *Urine)*			
GLUCOSE	(+++)		NEGATIVE
(Method : *Automated (Glucose Oxidase Reaction))*			
(Specimen : *Urine)*			
PUS CELLS	2 - 4	/HPF	< 3
(Method : *Microscopy)*			
(Specimen : *Urine)*			
Epi. Cells	1 - 2	/HPF	< 5
(Method : *Microscopy)*			
(Specimen : *Urine)*			
RBCs	NIL	/HPF	

Dr.Monica Kumbhat.,
LAB DIRECTOR

PRIYA
Result Entered By

Tests marked with NABL symbol are accredited by NABL vide Certificate no MC- 5409

@MedwayHospitals @medwayhospitals @medway-hospitals @medwayhospitals
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Contact No : 044-35007072 / +91 72990 67800 | email : medwaymedicallabs@gmail.com
PATIENT HELPLINE 94457 94457 1800 572 3003

Medway Group of Hospitals

Kodambakkam	Mogappair	Kumbakonam	Chengalpattu	Villupuram
044-2473 4455	044-26530011	044-2473 4455	044-27426829	04146-242000

Medway Centre of Excellence (Chennai)

Heart Institute	Institute of Pulmonology
044 - 4310 8959	044-2473 4451

E-mail : info@medwayhospitals.com | Website : www.medwayhospitals.com | CIN : U74900TN2011PTC083665

Medway Labs
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Laboratory Test Result

Patient Name	:	**Ms.JAYALAKSHMI R K**	Patient Id	:	MH14147
Visit No	:	DG202400194	Sample ID	:	MHSer19829
Age	:	80	Order Date	:	18/01/2024
Gender	:	Female	Collection Date & Time	:	18/01/2024 11:30:21AM
Visit Type	:	Diagnostics	Receiving Date & Time	:	18/01/2024 12:00:27PM
Patient Ph No	:	9444290503	Report Date & Time	:	18/01/2024 3:09:39PM
			Doctor Name	:	Dr.T.PALANIAPPAN

Investigation	Value	Unit	Biological Reference Value
ENDOCRINOLOGY			
T3 (TOTAL)	59	ng/dL	Cord: 5-141 0 day - 1 Year: 85 - 234 1-12 Years: 113-189 12-15 Years: 98-176 16-17 Years: 94-156 18-19 Years: 90-168 20-50 Years:70-204 50-90 Years:40-181 Pregnancy: 1st Trimester : 81-190 2nd and 3rd Trimesters : 100-260
(Method : *ELFA)* (Specimen : *Serum)*			
T4 (TOTAL)	9.22	µg/dL	5 - 10.7
(Method : *ELFA)* (Specimen : *Serum)*			
TSH 3rd generation (hs TSH)	0.72	µlU/ml	0.5 - 8.9
(Method : *ELFA)* (Specimen : *Serum)*			

----- End of the Report -----

Dr.Monica Kumbhat.,

LAB DIRECTOR

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Tel : 044-2473 4454

PC7 & PC7A, Block : 4
Bharathi Salai, Nolambur
Mogappair west,
Chennai - 600037
Tel : 044- 26530011

No.142-B, Sri Balasubramaniyan Nagar,
Pilliyam Pettai, Ammachathiram (Post),
Thiruvidaimarudhur (Taluk),
Kumbakonam - 612103. (Tanjore Dist).
Tel: 0435 - 2412345

MC-5409

Medway Labs
(A Unit of United Alliance Healthcare Pvt Ltd)

Laboratory Test Result

Patient Name	:	**Ms.JAYALAKSHMI R K**	Patient Id	:	MH14147
Visit No	:	DG202400194	Sample ID	:	MHSer19829
Age	:	80	Order Date	:	18/01/2024
Gender	:	Female	Collection Date & Time	:	18/01/2024 11:30:21AM
Visit Type	:	Diagnostics	Receiving Date & Time	:	18/01/2024 12:00:27PM
Patient Ph No	:	9444290503	Report Date & Time	:	18/01/2024 12:59:10PM
			Doctor Name	:	Dr.T.PALANIAPPAN

Investigation	Value	Unit	Biological Reference Value
BIOCHEMISTRY			
ELECTROLYTES			
Sodium (Na+)	123	mmol/L	136 - 145
(Method : *ISE Indirect)*			
(Specimen : *Serum)*			
(Comments : (RECHECKED))			
Potasium (K+)	3.93	mmol/L	3.5 - 5.1
(Method : *ISE Indirect)*			
(Specimen : *Serum)*			
Chlorides (Cl-)	79.6	mmol/L	96 - 106
(Method : *ISE Indirect)*			
(Specimen : *Serum)*			
Bicarbonate (HCo3)	24	mmol/L	22 - 29
(Method : *PEP Carboxylase)*			
(Specimen : *Serum)*			

----- End of the Report -----

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E-mail : info@medwayhospitals.com | Website : www.medwayhospitals.com | CIN : U74900TN2011PTC083665

Laboratory Test Result

Patient Name	:	**Mrs.JAYALAKSHMI R**	Patient Id	:	MMH202370643
Visit No	:	DG202400196	Sample ID	:	MHWho19875
Age	:	80	Order Date	:	18/01/2024
Gender	:	Female	Collection Date & Time	:	18/01/2024 12:52:23PM
Visit Type	:	Diagnostics	Receiving Date & Time	:	18/01/2024 12:54:16PM
Patient Ph No	:		Report Date & Time	:	18/01/2024 1:01:35PM
			Doctor Name	:	Dr.T.PALANIAPPAN

Investigation	Value	Unit	Biological Reference Value
HAEMATOLOGY			
CBC			
TWBC	10180	Cells/cu mm	4000 - 10000
(Method : *Flow cytometry by laser)* (Specimen : *Whole blood)*			
NEUTROPHILS	72.9	%	40 - 80
(Method : *Flow cytometry by laser)* (Specimen : *Whole blood)*			
LYMPHOCYTES	20.4	%	20 - 40
(Method : *Flow cytometry by laser)* (Specimen : *Whole blood)*			
EOSINOPHILS	0.6	%	01 - 06
(Method : *Flow cytometry by laser)* (Specimen : *Whole blood)*			
MONOCYTES	6.0	%	02 - 10
(Method : *Flow cytometry by laser)* (Specimen : *Whole blood)*			
BASOPHILS	0.1	%	0 - 2
(Method : *Flow cytometry by laser)* (Specimen : *Whole blood)*			
HAEMOGLOBIN	13.1	g/dL	12.0 - 15.0

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