

பெயர்: 025421

[illegible]

c) Toll Free Fax no: 1800 425 9559

a) Name of the patient: ADWIN KUMAR

b) Gender: ☒ Male ☐ Female ☐ Third gender c) Contact no: 9790402933 d) Alternate contact no: _____

e) Age: Years 32 Months ☐ f) Date of birth: ☐☐☐ g) Insurer ID card no: A039978916

h) Policy number/Name of corporate: _____ i) Employee ID: _____

j) Currently do you have any other medical claim/health Insurance: Yes ☐ No ☒ j.1) Insurer name: _____

j.2) Give details:

[illegible]

L) Occupation of insured patient:

m) Address of insured patient:

a) Name of the treating doctor: Dr. J. R. Krishnaiah b) Contact no: 27426822

c) Name of illness/disease with presenting complaints: _____ d) Relevant clinical findings: _____

c) Name of illness/disease with presenting complaints: c/o fever x 1 day, H/o sore throat
(+) Generalized body pain (+)

e) Duration of the present ailment: days e.1) Date of first consultation:

c.2) Past history of present ailment if any:

f) Provisional diagnosis: Acute Feline Illness / NUT / Phary

g) Proposed line of treatment: ☒ Medical management ☐ Surgical management ☒ Intensive care ☒ Investigation ☐ Non-Allopathic treatment

h) If investigation and/or medical management, provide details:

h.1) Route of drug administration:

☐ IV ☐ Oral ☐ Other

i) If Surgical, name of surgery:

i.1) ICD 10 PCS code:

j) If other treatments provide details:

k) How did injury occur:

i) In case of accident: I. Is it RTA: Yes No II. Date of injury: III. Reported to Police: Yes No iv. FIR no:

v. Injury/Disease caused due to substance abuse/alcohol consumption: ☐ Yes ☐ No

vi. Test conducted to establish this, If yes attach reports: ☐ Yes ☐ No[illegible]

a) Date of admission: 02/21/2020 b) Time of admission: 12:00 c) This is ☒ an emergency/ ☐ a planned hospitalization event

a) Date of admission: 02/21/2020 b) Time of admission: 12:00 ☒ This is an emergency/ ☐ a planned hospitalization event

d) Expected no. of days stay in hospital: 03 Days e) Days in ICU: Days f) Room type:



REQUEST FOR CASHLESS HOSPITALISATION FOR HEALTH INSURANCE POLICY

PART C (Revised)

TO BE FILLED IN BLOCK LETTERS

g) Per Day Room Rent + Nursing & Service charges + Patient's Diet:

Rs.

h) Expected cost for investigation + diagnostics:

Rs.

i) ICU Charges:

Rs.

j) OT Charges:

Rs.

k) Professional fees Surgeon + Anesthetist fees + Consultation charges:

Rs.

l) Medicines + Consumables cost of implants: (specify if applicable)

Rs.

m) Other hospital expenses if any:

Rs.

n) All inclusive package charges if any applicable:

Rs.

o) Sum Total expected cost of hospitalization

Rs.

p. Mandatory past history of any chronic illness. If yes (since month/year)

☐	1. Diabetes				
☐	2. Heart Disease				
☐	3. Hypertension				
☐	4. Hyperlipidemias				
☐	5. Osteoarthritis				
☐	6. Asthma/ COPD / Bronchitis				
☐	7. Cancer				
☐	8. Alcohol or drug abuse				
☐	9. Any HIV or STD / related ailments				

10. Any other ailment give details:

DECLARATION (PLEASE READ VERY CAREFULLY)

We confirm having read understood and agreed to the declaration of this form

a) Name of the treating doctor:

b) Qualification:

c) Registration No. with State code:

DECLARATION BY THE PATIENT / REPRESENTATIVE

- I agree to allow the hospital to submit all original documents pertaining to hospitalization to the Insurer/TPA after the discharge. I agree to sign on the Final Bill & the Discharge Summary, before my discharge.
- Payment to hospital is governed 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.
- All non-medical expenses and expenses not relevant to current hospitalization and the amounts over & above the limit authorized by the Insurer/TPA not governed by the terms and conditions of the policy will be paid by me.
- 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 / TPA.
- I agree and understand that TPA 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.
- I hereby warrant the truth of the foregoing 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.
- I agree to indemnify the hospital against all expenses incurred on my behalf, which are not reimbursed by the Insurer/ TPA.
- "I/we authorize Insurance Company/TPA to contact me/us through mobile/email for any update on this claim"

a) Patient's / Insured's name:

b) Contact number:

c) Email ID: (Optional)

d) Patient's / Insured's signature:

Date: Time:

HOSPITAL DECLARATION

- We have no objection to any authorized TPA / Insurance Company official verifying documents pertaining to hospitalization.
- 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.
- 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.
- The patient declaration has been signed by the patient or by his representative in our presence.
- We agree to provide clarifications for the queries raised regarding this hospitalization and we take the sole responsibility for any delay in offering clarifications.
- We will abide by the terms and conditions agreed in the MOU.
- We confirm that no additional amount would be collected from 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).
- 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).
- 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.

DOCUMENTS TO BE PROVIDED BY THE HOSPITAL IN SUPPORT OF THE CLAIM

- Detailed Discharge Summary and all Bills from the hospital.
- Cash Memos from the Hospitals / Chemists supported by proper prescription.
- Receipts and Pathological Test Reports from Pathologists, Supported by note from the attending Medical Practitioner / Surgeon recommending such pathological Tests.
- Surgeon's Certificate stating nature of Operation performed and Surgeon's Bill and Receipt.
- Certificates from attending Medical Practitioner / Surgeon that the patient is fully cured.

Hospital seal:



Doctor's signature:

Date:

Arunkumar V



Beneficiary name **Arunkumar V**

Member ID **4039978916**

Employee code **200919**

Relation **Self**

Date of Birth **02-May-1992**

Primary insured **Arunkumar V**

Valid upto **31-Mar-2024**

Download Complete at
LOCATION: /storage/emulate...

Insurer ID **MEMBER1373**

आयकर विभाग

INCOME TAX DEPARTMENT

ARUN KUMAR

VINAYAGA MOORTHY

05/02/1992

Permanent Account Number

DVNP6613J

V. Arun Kumar
Signature



भारत सरकार

GOVT. OF INDIA



06032015

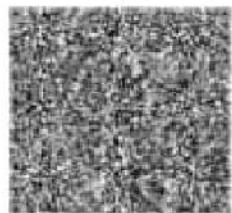


இந்திய அரசாங்கம்
Government of India

இந்திய தனிமுகை அடையாள ஆளைய அமைதி
Unique Identification Authority of India

பதிவுக் கு எண்/ Enrolment No.: 0000/00111/21313

To
அருண்முகை வ
Arunkumar V
S/O: Vinayagamoorthis,
09,
NATHAM MIDDLE STREET,
PERIYANATHAM CHENGALPET,
VTC: Chengalpattu,
PO: Chengalpattu,
Sub District: Chengalpattu,
District: Kancheepuram,
State: Tamil Nadu,
PIN Code: 603001,
Mobile: 9790402933



உங்கள் ஆதார் எண் / Your Aadhaar No. :

6929 1262 2005

VID : 9123 2377 7832 1538

எனது ஆதார், எனது அடையாளம்



இந்திய அரசாங்கம்
Government of India



அருண்முகை வ
Arunkumar V
பிறந்த நாள்/DOB: 05/02/1992
ஆண்/ MALE

ஆதார் என்பது அடையாளத்திற்கான சான்றுதான். குடியிருப்பு, அல்லது பிறகு தேவையில்லை. இது எந்தவிதமான உரிமை அல்லது கடமைகளையும், சேவைகளையும் அளிக்காது. (அதன் மூலம் அடையாளம் அல்லது உரிமைகள், சேவைகள் இல்லாதது, (அல்லது) இல்லை.)
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

6929 1262 2005

எனது ஆதார், எனது அடையாளம்

CASH SHEET

NAME MR. Arun Kumar AGE 32 SEX M
OCCUPATION : Super Gas BED NO. 61
ADDRESS : NO:9, Middle St. I.P. NO. 0216
Big Natham, Chengapattu D.O.A. : 03/1/24 TIME 12:57pm
PHONE/MOBILE : 9790402933 D.O.D. : TIME
REF. Dr. DR. Raja DMO.

ADVANCE		DUES		CONSULTANTS
DATE	AMOUNT	DATE	AMOUNT	DR. Arthe (Aras)
TOTAL				

INVESTIGATIONS

ANY SPECIAL PROCEDURES

1.
2.
3.

SL. NO.	BED ALLOTMENT	PLACE & NUMBER	TRANSFER IN	DATE & TIME	TRANSFER OUT	DATE & TIME
1.						
2.						
3.						

CLINICAL EXAMINATION NOTES

C/o fever - 1 day since yesterday morning
associated with chills & rigor
H/o sore throat ⊕, Generalized Body pain ⊕

NO H/o cough, abd. pain, vomiting, loose stools

NO H/o burning micturition.

NO H/o difficulty in breathing, swelling of legs

H/o (RE) patellar # - operated 2 yrs before

H/o R. for cholelithiasis - (details M) - surgery done

N/E/O/O/Dm/Ht /TB /BA

O/E pr Conscious

oriented

afebrile

Hydration fair

not icteric

no pallor

CS - S₁S₂ ⊕

R - BAE ⊕

no added sounds

ALA soft

CNS - NFP

CE: Throat - post-pharyngeal wall inflamed

Δ: AFI (Dense of illness)
pharyngitis

R:

oral hydration 2 L/day

IVF - RL 10 50ml/hr

Drugs: none 1g Q 30

Drugs: par 40mg Q 30

Drugs: Enxet 4mg Q 30

↑ Azithro 200mg 1-7

↑ par 60mg 1-7

vitals monitoring



Medway JSP Hospitals

The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)

No.70, Kanchipuram High Road, Chengalpattu - 2.

Phone : 2742 6829, 2742 8851

Mr. ARUN KUMAR V

32/Male/MHC202401574

23/01/2024/IPC2024000216

Dr. ARTHI



ADDITIONAL CASE SHEET

NAME : Mr. Arun Kumar

BED No. : 61

IP. No. : 0216/24

DATE & TIME	CLINICAL NOTES	INVESTIGATION	TREATMENT
22/1/2023	H/o Few days H/o sore throat (+) H/o Runny nose (+) H/o Headache (+)	SR 1300 Hm	
		H-1 TOM 1 X X	BA X ——— 2-3 Lo
		H/o Runny nose Oculo	Try Clavun 2-3 Lo ATD.
		Cou 6mz	to stop xmo
		PS NUB	T. Azimel 2nd 10P
		PIA Soft	T. Azimel 001
		Cyclop Oculo	T. Dolo 610 11
			Try Pan 4010 10
			Dr. Ansel 4810
		Try ATZ (Day 2 11 Hrs)	
		2 URT / Pharynx	ENT Opn

PS
110/70

P
80h

TC 1150

LFT & hnt Eng

Term



Med

Mr. ARUN KUMAR.V
32/Male/MHC202403574
23/01/2024/IPC2024000216
Dr. ARTHI

itals

GRAPHIC (T.P.R.) CHART

Name	Age	MRD No.
DATE		
No. of DAYS		
DAYS POST OP.		
TIME	8.00 AM	
PULSE	°C TEMP °F	
210 340	41.1 106	
200 320	40.6 105	
190 300	40.0 104	
180 280	39.4 103	
170 260	38.9 102	
160 240	38.3 101	
150 220	37.8 100	
140 200	37.2 99	
130 180	36.7 98	
120 160	36.1 97	
110 140	35.6 96	
100 120	35.0 95	
90 100	34.4 94	
80 80	33.8 93	
70 60	33.2 92	
60 40	32.6 91	
50 20	32.0 90	
40 BRO	31.4 89	
STOOLS		
URINE	voided	
SPUTUM		
WEIGHT		
BATH	given	



I.P. No. :

Age :

Sex :

S.No.

Drug Name

	Strength Mg.
Aspirin	325 mg
Ibuprofen	200 mg
Naproxen	250 mg
Tylenol	325 mg
Motrin	600 mg
Advil	200 mg
Aleve	298 mg
Excedrin	250 mg
Bufferin	325 mg
Alka-Mid	325 mg
Midol	200 mg
Ponstan	750 mg
Flurbiprofen	50 mg
Feldene	120 mg
Soma	350 mg
Rohibron	100 mg
Robaxin	1000 mg
Flexeril	75 mg
Cyclobenzaprine	35 mg
Baclofen	10 mg
Carisoprodol	350 mg
Chlorzoxazone	250 mg
Mefenamic Acid	500 mg
Ketoprofen	250 mg
Lornoxicam	8 mg
Etoricoxib	60 mg
Celecoxib	200 mg
Valium	5 mg
Xanax	0.5 mg
Ativan	4 mg
Prozac	50 mg
Zoloft	50 mg
Wellbutrin	150 mg
DuPont	100 mg
Effexor	120 mg
Lexapro	10 mg
Topamax	150 mg
Lyrica	300 mg
Gabapentin	300 mg
Pregabalin	150 mg
Tricyclic Antidepressants	Various strengths
SSRIs	Various strengths
SNRIs	Various strengths
MAOIs	Various strengths
Antipsychotics	Various strengths
Mood Stabilizers	Various strengths
Anxiolytics	Various strengths
Hypnotics	Various strengths
Anticholinergics	Various strengths
Antiemetics	Various strengths
Antispasmodics	Various strengths
Antihistamines	Various strengths
Decongestants	Various strengths
Expectorants	Various strengths
Inhalers	Various strengths
Vaccines	Various strengths
Insulin	Various strengths
Oral Hypoglycemics	Various strengths
Diuretics	Various strengths
Beta Blockers	Various strengths
Calcium Channel Blockers	Various strengths
ACE Inhibitors	Various strengths
Angiotensin Receptor Antagonists	Various strengths
Statins	Various strengths
Bile Acid Sequestrants	Various strengths
Fibrates	Various strengths
Thrombotic Agents	Various strengths
Anticoagulants	Various strengths
Antiplatelet Agents	Various strengths
Anticancer Drugs	Various strengths
Immunosuppressants	Various strengths
Biologics	Various strengths
Gene Therapy	Various strengths
Cellular Therapy	Various strengths
Stem Cell Transplantation	Various strengths
Organ Transplantation	Various strengths
Artificial Organs	Various strengths
Prosthetics	Various strengths
Implants	Various strengths
Medical Devices	Various strengths
Diagnostic Equipment	Various strengths
Therapeutic Equipment	Various strengths
Rehabilitation Equipment	Various strengths
Assistive Technology	Various strengths
Medical Research	Various strengths
Pharmaceutical Industry	Various strengths
Healthcare System	Various strengths
Public Health	Various strengths
Medical Ethics	Various strengths
Medical Law	Various strengths
Medical History	Various strengths
Medical Education	Various strengths
Medical Practice	Various strengths
Medical Innovation	Various strengths
Medical Collaboration	Various strengths
Medical Communication	Various strengths
Medical Documentation	Various strengths
Medical Record Keeping	Various strengths
Medical Billing	Various strengths
Medical Insurance	Various strengths
Medical Regulation	Various strengths
Medical Standards	Various strengths
Medical Guidelines	Various strengths
Medical Protocols	Various strengths
Medical Procedures	Various strengths
Medical Techniques	Various strengths
Medical Instruments	Various strengths
Medical Supplies	Various strengths
Medical Facilities	Various strengths
Medical Personnel	Various strengths
Medical Organizations	Various strengths
Medical Associations	Various strengths
Medical Societies	Various strengths
Medical Conferences	Various strengths
Medical Journals	Various strengths
Medical Publications	Various strengths
Medical Literature	Various strengths
Medical Knowledge	Various strengths
Medical Skills	Various strengths
Medical Attitudes	Various strengths
Medical Values	Various strengths
Medical Beliefs	Various strengths
Medical Opinions	Various strengths
Medical Recommendations	Various strengths
Medical Advice	Various strengths
Medical Consultations	Various strengths
Medical Referrals	Various strengths
Medical Prescriptions	Various strengths
Medical Orders	Various strengths
Medical Instructions	Various strengths
Medical Warnings	Various strengths
Medical Alerts	Various strengths
Medical Emergencies	Various strengths
Medical Crises	Various strengths
Medical Disasters	Various strengths
Medical Accidents	Various strengths
Medical Errors	Various strengths
Medical Malpractice	Various strengths
Medical Negligence	Various strengths
Medical Liability	Various strengths
Medical Risk Management	Various strengths
Medical Quality Improvement	Various strengths
Medical Patient Safety	Various strengths
Medical Infection Control	Various strengths
Medical Antibiotic Resistance	Various strengths
Medical Vaccine Development	Various strengths
Medical Drug Discovery	Various strengths
Medical Biotechnology	Various strengths
Medical Nanotechnology	Various strengths
Medical Robotics	Various strengths
Medical Artificial Intelligence	Various strengths
Medical Big Data	Various strengths
Medical Cloud Computing	Various strengths
Medical Cybersecurity	Various strengths
Medical Telemedicine	Various strengths
Medical Mobile Health	Various strengths
Medical Wearable Devices	Various strengths
Medical Smart Home	Various strengths
Medical Connected Car	Various strengths
Medical Digital Health	Various strengths
Medical Health Informatics	Various strengths
Medical Bioinformatics	Various strengths
Medical Computational Biology	Various strengths
Medical Systems Biology	Various strengths
Medical Synthetic Biology	Various strengths
Medical Gene Editing	Various strengths
Medical CRISPR	Various strengths
Medical mRNA Vaccines	Various strengths
Medical Protein Therapeutics	Various strengths
Medical Cell Therapies	Various strengths
Medical Tissue Engineering	Various strengths
Medical Regenerative Medicine	Various strengths
Medical Organoids	Various strengths
Medical Stem Cells	Various strengths
Medical Induced Pluripotent Stem Cells	Various strengths
Medical Mesenchymal Stem Cells	Various strengths
Medical Hematopoietic Stem Cells	Various strengths
Medical Neural Stem Cells	Various strengths
Medical Epithelial Stem Cells	Various strengths
Medical Intestinal Stem Cells	Various strengths
Medical Skin Stem Cells	Various strengths
Medical Hair Stem Cells	Various strengths
Medical Bone Marrow Stem Cells	Various strengths
Medical Cord Blood Stem Cells	Various strengths
Medical Umbilical Cord Stem Cells	Various strengths
Medical Adipose Tissue Stem Cells	Various strengths
Medical Dental Stem Cells	Various strengths
Medical Corneal Stem Cells	Various strengths

Frequency	Route
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Any Special Instruction

—

INT: XONE

61

RV PD

७

TNS: PAN

104

Rv BD

3

DNS: FMESET

BD

TREATMENT CHART

Consultants(s) :

M- ABUN KUMAR.V

2024/May/MHC202403574

32/NITE/MICEE
2024/11/03 20:40:00 216

23/01/2024

Dr. ARTHI

**Medway Jc**

The way to

(A Unit of United Allie

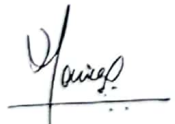
No.70, Kanchipuram Hi

Phone : 2742

Laboratory Test Result

Patient Name	: Mr.ARUN KUMAR	Patient Id	: MHC202403558
Visit No	: DG202401063	Sample ID	: CMWho21683
Age	: 30	Order Date	: 23/01/2024
Gender	: Male	Collection Date & Time	: 23/01/2024 12:11:05PM
Visit Type	: Diagnostics	Receiving Date & Time	: 23/01/2024 12:11:16PM
Patient Ph No	: 9894078454	Report Date & Time	: 23/01/2024 12:13:50PM
		Doctor Name	: Dr.MEDWAY JSP CASUALTY

Investigation	Value	Unit	Biological Reference Value
HAEMATOLOGY			
CBC			
TWBC	18500	Cells/cu mm	4000 - 10000
(Method : Flow cytometry by laser) (Specimen : Whole blood)			
NEUTROPHILS	70	%	40 - 80
(Method : Flow cytometry by laser) (Specimen : Whole blood)			
LYMPHOCYTES	26	%	20 - 40
(Method : Flow cytometry by laser) (Specimen : Whole blood)			
EOSINOPHILS	04	%	01 - 06
(Method : Flow cytometry by laser) (Specimen : Whole blood)			
MONOCYTES	00	%	02 - 10
(Method : Flow cytometry by laser) (Specimen : Whole blood)			
BASOPHILS	00	%	0 - 2
(Method : Flow cytometry by laser) (Specimen : Whole blood)			
HAEMOGLOBIN	17.2	g/dL	13 - 17


Dr.Monica Kumbhat.,
LAB DIRECTOR

VIJAYALAKSHMI
Result Entered By

Page 1 of 3



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

f @MedwayHospitals

@ @medwayhospitals

in @medway-hospitals

@ @medwayhospitals

PATIENT
 HELPLINE
94557 94557
1800 572 3003

Medway Group of Hospitals

Kodambakkam | Mogappair | Chengalpattu | Villupuram | Kumbakonam | Kakinada
 044-2473 4455 | 044-26530011 | 044-27426829 | 04146-242000 | 044-2473 4455 | 0884-2333367

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

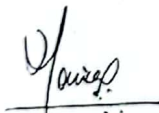
Medway Centre of Excellence (Chennai)

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

MH/MGT/LH/202109/001

Patient Name : Mr. ARUN KUMAR	Patient Id : MHC202403558
Visit No : DG202401063	Sample ID : CMWho21683
Age : 30	Order Date : 23/01/2024
Gender : Male	Collection Date & Time : 23/01/2024 12:11:05PM
Visit Type : Diagnostics	Receiving Date & Time : 23/01/2024 12:11:16PM
Patient Ph No : 9894078454	Report Date & Time : 23/01/2024 12:13:50PM
	Doctor Name : Dr. MEDWAY JSP CASUALTY

Investigation	Value	Unit	Biological Reference Value
(Method : Colorimetric)			
(Specimen : Whole blood)			
HAEMATOCRIT	51.2	%	40 - 50
(Method : Calculated)			
(Specimen : Whole blood)			
TRBC	5.2	Millions/cu mm	3.8 - 4.8
(Method : Electrical Impedence)			
(Specimen : Whole blood)			
MCV	98.2	fL	83 - 101
(Method : Calculated)			
(Specimen : Whole blood)			
MCH	30.7	pg	27 - 32
(Method : Calculated)			
(Specimen : Whole blood)			
MCHC	33.8	g/dL	31.5 - 34.5
(Method : Calculated)			
(Specimen : Whole blood)			
PLATELET	2.84	Cells/cu mm	150000 - 400000
(Method : Electrical Impedence)			
(Specimen : Whole blood)			
SEROLOGY			
C.R.P. (C-Reactive Protein)	POSITIVE 48	mg/L	< 5.0
(Method : Particle-enhanced immunoturbidimetric assay)			
(Specimen : Serum)			


Dr. Monica Kumbhat.,
LAB DIRECTOR

VIJAYALAKSHMI
Result Entered By

Page 2 of 3



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

f @MedwayHospitals @medwayhospitals in @medway-hospitals @medwayhospitals

PATIENT
 HELPLINE
94557 94557
1800 572 3003

Medway Group of Hospitals

Medway Centre of Excellence (Chennai)

Kodambakkam	Mogappair	Chengalpattu	Villupuram	Kumbakonam	Kakinada
044-2473 4455	044-26530011	044-27426829	04146-242000	044-2473 4455	0884-2333367

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

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

MH/MGT/LH/202109/001

Patient Name : Mr. ARUN KUMAR Visit No : DG202401063 Age : 30 Gender : Male Visit Type : Diagnostics Patient Ph No : 9894078454	Patient Id : MHC202403558 Sample ID : CMSer21682 Order Date : 23/01/2024 Collection Date & Time : 23/01/2024 12:11:05PM Receiving Date & Time : 23/01/2024 12:11:16PM Report Date & Time : 23/01/2024 12:13:50PM Doctor Name : Dr. MEDWAY JSP CASUALTY
--	---

Investigation	Value	Unit	Biological Reference Value
DENGUE - NS1 (FIA)	0.06		COI : <1.0 NEGATIVE >1.0 POSITIVE

(Method :)
(Specimen : Serum)

WIDAL SLIDE

S. Typhi 'O'

(Method : Slide Agglutination)
(Specimen : Serum)

S. Typhi 'H'

(Method : Slide Agglutination)
(Specimen : Serum)

S. Para Typhi 'A (H)'

(Method : Slide Agglutination)
(Specimen : Serum)

S. Para Typhi 'B (H)'

(Method : Slide Agglutination)
(Specimen : Serum)

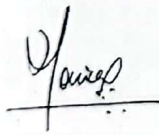
**1:80 DILUTION
POSITIVE**

**1:80 DILUTION
POSITIVE**

**1:20 DILUTION
NEGATIVE**

**1:20 DILUTION
NEGATIVE**

--- End of the Report ---


Dr. Monica Kumbhat.,

LAB DIRECTOR

VIJAYALAKSHMI

Result Entered By

Page 3 of 3



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

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94557 94557
1800 572 3003

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Heart Institute 044 - 4310 8959	Institute of Pulmonology 044-2473 4451
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MH/MGT/LH/202109/001

(24 HOURS - MULTISPECIALITY HOSPITAL)

I.D. No.

Patient's Name

Age / Sex

Address

Mr. ARUN KUMAR

30/Male/MHC202403558

Date of Reg : 23/01/2024 11:08 AM



Date : 23/01/24

Temp : 101°F

PR : 82b

BP : 110/70mmHg

Height :

Weight :

Chief Complaints : do cold and cough & fever spike } SpO2: 98% @ Rt

Relevant past History (if any) : do throat pain 2 days } no delay
do blocked nose, can't sleep

Diagnosis :

Investigations : CBC, CRP, Dengue NSMg, Widal test

S.No.	Drug Name	Dose	Before / After Food	Morning	Afternoon	Night
1-	Amj. Para	1g	Eustat			

Other Advice :

Resh
23/01/24

No.70, Kanchipuram High Road, Chengalpattu - 2.

Phone : 2742 6829, 2742 8851