# BILLING CARD

25655

Patient Name Mrs. Keta Satya D.O.A. 01/04/24 Time 3:57PM

IP No. 16448 Dsis:- URSL + DJ Stenting

Room No. Female Ward Rent Per Day

## TRANSFER DET AILS

| Date | Time | From | To | Sister Signature |
|---|---|---|---|---|
| 1/4/24 | 4pm | EMR | ~~Femal ward~~ | P. Sandhya 0017 |
| 4/4/24 | 4:15pm | F/W | OT | P. Vanthini (0090) |
| 4/4/24 | 5:20pm | OT | SICU | mani (0003) |
| 4/4/24 | 10pm | SICU | Female ward | uma (0013) |
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## OPERATION THEA TRE

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|---|---|---|---|
| Date | : 4/4/23 | OT No. | : I. |
| Surgeon | : Dr. manikanta | Start Time | : 4:30pM |
| I Asst. Surgeon | : | End Time | : 5:26pM |
| II Asst. Surgeon | : | Dis. Pack | : |
| III Asst. Surgeon | : | Diathermy | : |
| Anaesthetist | : Dr. Hemalatha | C-Arm | : |
| OT Nurse | : Karuna. | Arthroscopy | : |
| Name of Surgery | : URSL DJ stent | Laproscopy | : |
| | | Sevoflurane / Isoflurane | : |
| | | Inj. Fentanyl | : |
| | | Others | : |

## MONITOR

| Date | Start | Date | Disconnect |
|---|---|---|---|
| 4/4/24 | 5.pm | 4/4/24 | 10pm |
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## INFUSION PUMP

| Date | Start | Date | Disconnect |
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## OXYGEN

| Date | Start | Date | Disconnect |
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## SYRINGE PUMP

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## ALPHA BED / SCD PUMP

| Date | Start | Date | Disconnect |
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## VENTILATOR

| Date | Start | Date | Disconnect |
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# OPERATION THEA TRE

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|---|---|---|---|
| Date | : | OT. No. | : |
| Surgeon | : | Start Time | : |
| I Asst. Surgeon | : | End Time | : |
| II Asst. Surgeon | : | Dis. Pack | : |
| III Asst. Surgeon | : | Diathermy | : |
| Anaesthetist | : | C-Arm | : |
| OT Nurse | : | Arthroscopy | : |
| Name of Surgery | : | Laproscopy | : |
| | | Sevoflurane / Isoflurane | : |
| | | Inj. Fentanyl | : |
| | | Others | : |

| Date | LABORATORY |
|---|---|
| 1/4/24 | Surgical profile (CBC, CT, BT, BGT, Sr. Creatinin, Blood urea, RBS, Total Bilirubin, Vitals Monitoring) |

## RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER

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|---|---|---|---|
| 1.4.24 | ECG, chest x-ray | | |
| 8.4.24 | X-Ray KUB | | |
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| Date | PHYSIOTHERAPY |
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| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
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| Dr. Manikantan (Gastro GPSI) | 4/4/24 | 5/4/24 | | | | | |
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| PHARMACY | AMBULANCE |
|---|---|
| OT DRUGS REPLACED : | |
| BILL CLEARED : Als CONS :- 1375/- MED :- 4150/- | |
| RETURNS CHECKED : ~~No~~ Due | |

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge

## Dr. YSR Aarogyasri Health Care Trust

**Dr. YSR Aarogyasri Health Care Trust**
D.No. 241, MGM Capital Building,Near NRI Junction, Beside Little Village Restaurant,
Beside Little Village Restaurant,Chinnakakani,Mangalagiri, Guntur District,Pin: 522508.
Phone No:0863 - 2222802 / 2259861.

## APPROVAL FOR CASHLESS FACILITY

Claim No. : APTRUST/EGI/2024/1/04392823

Date : 06/04/2024 11:40:46

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which ha admitted Mr/Ms Keta Satya (the patient) on 01/04/2024 03:46:12 having Health/White/TAP/RAP card no. **WAP042301100442/01** an belonging to district **EAST GODAVARI**, suffering from **URSL DJ STENTING** having given consent for **Dj Stent -One Side (S9.3.6 ,ursl (S9.3.4)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subject to the maximum package rat of **25655** and send the bills for the claim after the discharge.

Authorised Signatory

(Panel Doctor)

**Panel Doctor**

**Name : Panel doctor (Dr. YSR Aarogyasri Health Care Trust)**
**Date: 03-Apr-2024 05:35 PM**

Seal :