

**BILLING CARD**

25655

Patient Name Mrs. Ketā SatyaD.O.A. 01/04/24 Time 3:57 PMIP No. 16448Room No. Female wardDsis:- URSL + DJ Stenting

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
1/4/24	4pm	EMR	Female ward	P. Sandhya seth
4/4/24	4:55pm	F/W	OT	P. Vardhini (0090)
4/4/24	5:20pm	OT	SCW	moni (0003)
4/4/24	10pm	SCU	Female ward	uma (0043)

OPERATION THEA TRE

Date	: 4/4/23	OT No.	: I.
Surgeon	: Dr. Manikanta	Start Time	: 4:30 PM
I Asst. Surgeon	:	End Time	: 5:26 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: Dr. Hemalatha	C-Arm	:
OT Nurse	: Karuma	Arthroscopy	:
Name of Surgery	: URSL DJ Stent	Laprosopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
4/4/24	5pm	4/4/24	10pm				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE

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 :

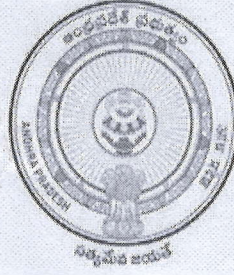
Date

LABORATORY

1/4/21, Surgical profile (CBC, CT, BT, BGT, Sr. Creatinin, Blood urea, RBS, Total Bilirubin, vials Markers)

[illegible]

[illegible]

**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 has admitted Mr/Ms Keta Satya (the patient) on 01/04/2024 03:46:12 having Health/White/TAP/RAP card no. **WAP042301100442/01** and 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 rate 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 :