



CASH / CREDIT

15000

[illegible]



PHYSIOTHERAPY													DRESSING : <input type="checkbox"/> MINOR <input type="checkbox"/> MEDIUM <input type="checkbox"/> MAJOR <input type="checkbox"/> SPECIAL																
Date													Total		Date													Total	
No. of times															No. of times														

  

NEBULISATION																										
Date																									Total	
Morning																										
Evening																										
Night																										

  

INVESTIGATIONS																									
Date		Investigation											Date		Investigation										
28/3/24		Surgical pro Sept																							

  

RADIOLOGY INVESTIGATIONS																									
Date		Investigation											Date		Investigation										
28/3/24		Chest x-ray																							

  

PROCEDURES				BED TRANSFER				
Procedure	No. of Times	Procedure	No. of Times	Date	From	To	Type of Accommodation	Time
Intubation		Tracheostomy		28/3/24	ER	to	M/W	4:30pm
Ryle's Tube		Steam Inhalation		30/3/24	M/W	to	OT	9:55a
Lumbar Puncture		ICD		30/3/24	OT	to	SLC	11:00am
Cut Down		Fundus Evaluation		30/3/24	SLC	to	M/W	1:30pm
Catheterisation		Pleural Taping						
Central Line		Suture Removal						
Defibrillator		Enema						
Suction								

  

DIET				

  

OT Report 30/3/24

OT Utilization - 10:15AM to 11:15AM

C-ARM - 10:30AM to 10:40AM

Trans post - 100%

  

Name of Ward Secretary: P. Sandya		Name of Staff Nurse: P. Vardhini	
EMP. No.: 007		EMP. No.: 0090	

As per Pharmacy  
 med: 860  
 comb: 1713

2573



**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/KKD/2024/1/6226647

Date : 01/04/2024 11:33:35

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Satya Veera Kasi (the patient) on 28/03/2024 03:53:28 having Health/White/TAP/RAP card no **WAP040903000405/02** and belonging to district **KAKINADA**, suffering from **IMPLANT REMOVAL** having given consent for **Removal of implants plates and nail (S\$5.8.1)** surgery/therapy is hereby **AUTHORISED** to undertake the procedure/treatment subject to the maximum package rate of **15000** 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: 29-Mar-2024 05:29 PM**

Seal :



**Dr. YSR Aarogyasri Health Care Trust****Dr. YSR Aarogyasri Health Care Trust**

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