ACTIVITY RECORD FOR BILLING



15000 16442 Reg. No.: I.P.No.: Corporate:.... r. Saty e veera Kasi Sappa Name of Patient: Sex: Molo) Age: 16 Y Consultant: Dr. Date of Admission: Room / Bed No.: C Time: 4:01Pin Date of Discharge: Total Days of Stay: Time: Anaesthetist: Dr. Block Anaesthesia / General / Spinal Sandee Diagnosis: Surgery: DAM **ACTIVITY CARD UPDATED ON DOCTOR'S VISITS** Doctor's Name / Date MEDICAL EQUIPMENT **VENTILATOR** MONITOR Date Time of Start Time of Stop Date Total/Hrs. Days Date Time of Start | Time of Stop Date Total/Hrs. Days 30/3/24 30/3/24 :30Pm 11:009m SYRINGE PUMP **INFUSION PUMP** Date Time of Start Time of Stop Date Total/Hrs. Days Date Time of Start | Time of Stop Date Total/Hrs. Days WATER BED AIR BED **OXYGEN** Date Time of Start | Time of Stop Date Total/Hrs. Days | Remarks Date Time of Start Time of Stop Date Total/Hrs. Days **PULSE OXYMETER** No.fo. Time **GRBS** Total Date Morning **Evening** Night

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Dr. YSR Aarogyasri Health Care Trust

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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 (\$5.8.1) surgery/therapy is hereby AUTHORISED to undertake the procedure/treatmen 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

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