

**Dr NTR Vaidya Seva Trust****Dr NTR Vaidya Seva 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/2024/1/04441655

Date : 06/08/2024 10:40:49

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Kambala Chella Ratnam (the patient) on 30/07/2024 03:23:24 having Health/White/TAP/RAP card no. **WAP042331201560/01** and belonging to district **EAST GODAVARI**, suffering from **UROLOGY** 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 **27285** and send the bills for the claim after the discharge.

Authorised Signatory

(Panel Doctor)

Panel Doctor

Name : Panel doctor (Dr NTR Vaidya Seva Trust)

Date: 01-Aug-2024 05:43 PM

Seal :

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Kambala Chella Ratnam, 54/F

D.O.D.:- 6/8/24

D.O.A. 30/7/24 Time 3:45 PM

IP No. 361

Δ(Rt) mid-ureteric calculus

Room No. Female general ward

Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
30/7/24	4pm	EMR	female ward	O. Tulasi (Coor-)
31/7/24	2:50pm	PLW	OT	Bhavani
31/7/24	4:15pm	OT	STW	mani age 3
31/7/24	10pm	STW	PLW	UERALAKSHI

OPERATION THEATRE

Date	: 31/7/24	OT No.	: I
Surgeon	: Dr. Manikanta	Start Time	: 3:pm
Asst. Surgeon	:	End Time	: 4pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: Dr. Sandeep	C-Arm	: 3:50pm to 4pm
OT Nurse	: Karuma	Arthroscopy	:
Name of Surgery	: (Rt) URS DJ stent-	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

Date	Start	Date	Disconnect
3/8/24	4:40PM	3/8/24	10 PM

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

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

30/7/24 ~~CB~~, Blood urea, RBS, CT, BT, Total Bilirubin
Vital marker, Blood Group, Hb, Sr. creatine

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

30/7/20 chest x-ray, ECG

6/8/24 post op x-ray - KUB.

6/8/24 post-op ultra sound Abdomen.

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

