ACTIVITY RECORD FOR BILLING

SANJIVI HOSPITAL
HANDS OF CARE

CASH / CREDIT (Arogyasri)

Reg. No. :	I.P.No. : 16440	Corporate :

Name of Patient : Mr. Yerram Nagaraju		Age : 21Y	Sex : M
Consultant : Dr. T. Manikantan		Category :	
Date of Admission : 27/03/24	Time : 3:50PM	Room / Bed No. : General ward	
Date of Discharge : 5/4/24	Time :	Total Days of Stay :	
Anaesthetist : Dr. Sandeep	Anaesthesia / General / Spinal		
Diagnosis : Lt PCNL			
Surgery : Lt PCNL · 1/4/24 5pm			

ACTIVITY CARD UPDATED ON

DOCTOR'S VISITS

Doctor's Name / Date	27/3	28/3	29/3	30/3	31/3	1/4	2/4	3/4	4/4						
Dr. Manikantan (Urology)		✓	✓						✓						

MEDICAL EQUIPMENT

VENTILATOR

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days

MONITOR

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days
1/04/24	5:00pm	10.10pm	1/4/24	

SYRINGE PUMP

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days

INFUSION PUMP

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days

OXYGEN

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days	Remarks

WATER BED ☐ AIR BED ☐

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days

PULSE OXYMETER

No.fo. Time				

GRBS

Date																			Total
Morning																			
Evening																			
Night																			

PHYSIOTHERAPY

Date											Total
No. of times											

DRESSING : ☐ MINOR ☐ MEDIUM ☐ MAJOR ☐ SPECIAL

Date													Total
No. of times													

NEBULISATION

Date																				Total
Morning																				
Evening																				
Night																				

INVESTIGATIONS

Date	Investigation	Date	Investigation
27/3/24	CBP, CT, CT BGT		
27/3/24	Viral Markers Abdomen and		
	KUB scan Report (out-side)		
	fa		

RADIOLOGY INVESTIGATIONS

Date	Investigation	Date	Investigation
27/3/24	ECG, chest x-ray		
5/4/24	KUB x-ray		

PROCEDURES

Procedure	No.of Times	Procedure	No.of Times
Intubation		Tracheostomy	
Ryle's Tube		Steam Inhalation	
Lumbar Puncture		ICD	
Cut Down		Fundus Evaluation	
Catheterisation	1/4/24	Pleural Taping	
Central Line		Suture Removal	
Defibrillator		Enema	
Suction			

BED TRANSFER

Date	From	To	Type of Accommodation	Time
27/3/24	E.R	to	M/W	4:30pm
01/4/24	M/W	to	OT	3:30pm
1/4/24	OT	to	IW	5:30pm
1/4/24	SICU	to	M/W	10.19pm

DIET

OT Report 1/4/24.
OT utilization Time
3:40pm to 4:30pm
C-ARM - 3:40pm to 4pm.

- Drain removed 4/4/24 @ 5:30pm
- PC Removed 5/4/24 at 7:30am

Transport - 150/-

Name of Ward Secretary : P. Sandhya
EMP. No. : 0017

Name of Staff Nurse : P. Varthini
EMP. No. : 0090

B. Kusuma.
con - 2156
Med - 1928

4084

PHYSIOTHERAPY

Date											Total
No. of times											

DRESSING : ☐ MINOR ☐ MEDIUM ☐ MAJOR ☐ SPECIAL

Date											Total
No. of times											

NEBULISATION

Date																				Total
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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/ASR/2024/1/5709149
Date : 05/04/2024 12:09:06

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which ha admitted Mr/Ms YERRAM NAGARAJU (the patient) on 27/03/2024 03:05:59 having Health/White/TAP/RAP card n **WAP221100100060/01** and belonging to district **ALLURI SITHARAMA RAJU**, suffering from **PCNL AND DJ STENTING** having give consent for **Dj Stent -One Side (S9.3.6) ,PCNL (S9.3.2)** surgery/therapy is hereby AUTHORISED to undertake th procedure/treatment subject to the maximum package rate of **38700** 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: 28-Mar-2024 05:38 PM

Seal :