ACTIVITY RECORD FOR BILLING

SANJIVI HOSPITAL
HANDS OF CARE

CASH / CREDIT (A/S) A/S 25655

Reg. No. :	I.P.No. : 16443

Corporate : .....

Name of Patient : Mrs. Masimukkala Nagamani		Age : 65Y	Sex : F
Consultant : Dr. J. Manikantan		Category :	
Date of Admission : 28/03/24	Time 4:13 PM	Room / Bed No. : GW.	
Date of Discharge :	Time :	Total Days of Stay :	
Anaesthetist : Dr.	Anaesthesia / General / Spinal		
Diagnosis : URSL			
Surgery : URSL 1/4/24 5:30PM			

ACTIVITY CARD UPDATED ON

DOCTOR'S VISITS

Doctor's Name / Date	28/3	29/3	30/3	31/3	1/4	2/4	3/4	4/4	5/4	6/4/24
Dr. J. 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	5:30PM	10:30PM	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
28/3/24	Surgical profile
30/3/24	2D ECHO

Date	Investigation

RADIOLOGY INVESTIGATIONS

Date	Investigation
28/3/24	ECG, Chest X-ray
6/4/24	KUB

Date	Investigation

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
28/3/24	Emr	P/W		5pm
1/4/24	P/W	OT	Sridevi	3:30pm
1/4/24	OT	~~ICU~~	ICU	5:30pm
1/4/24	SICU	TO	P/W	10-30 pm

DIET

OT Report

OT utilization.

5:10pm to 5:30pm

Foley catheter removal 4/4/24 at 6:00pm

Transport - 100/-

Name of Ward Secretary : J. Ratnam NS
EMP. No. : 82

Name of Staff Nurse : A. Sridevi
EMP. No. : 0004

B. kusuma. medico 4661
conn: 1241

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/2024/1/6226646

Date : 06/04/2024 10:37:25

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Macimukkala Nagamani (the patient) on 28/03/2024 03:49:33 having Health/White/TAP/RAP card no. **WAP042504400263/02** and belonging to district **KAKINADA**, suffering from **URSL** having given consent for **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: 29-Mar-2024 09:30 PM

Seal :