ACTIVITY RECORD FOR BILLING

SANJIVI HOSPITAL
HANDS OF CARE

~~CASH~~ / CREDIT

30000

Reg. No. :	I.P.No. : 16447	Corporate : .....

Name of Patient : M. Lakshmi		Age : 53	Sex : F
Consultant : Dr. N.S. prasad		Category :	
Date of Admission : 30/3/24	Time : 3.13PM	Room / Bed No. : F/W	
Date of Discharge : 8/4/24	Time :	Total Days of Stay :	
Anaesthetist : Dr. Sandeep		Anaesthesia / General / Spinal Block	
Diagnosis : (Lt) Distal Radius #			
Surgery : (Lt) Radius plating 2/4/24 · 11AM			

ACTIVITY CARD UPDATED ON

DOCTOR'S VISITS

Doctor's Name / Date	30/3	31/3	1/4	2/4	3/4	4/4	5/4	6/4	7/4	8/4
Dr. N. Suryaprasad (Ortho)	✓	✓	✓	✓	—	✓	✓	✓	✓	✓

9

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
2/4/24	12.35pm	3:40PM	2/4/24	

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
30/3/24	Surgical profile		

RADIOLOGY INVESTIGATIONS

Date	Investigation	Date	Investigation
30/3/24	ECG, Chest x-ray		
[illegible]	post of x-ray - radius plating		

PROCEDURES

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

BED TRANSFER

Date	From	To	Type of Accommodation	Time
30/3/24	Emr	to	F/W	3:40 pm
2/4/24	F/W	to	OT	11 Am
2/4/24	OT	to	IW	12:15pm
2/4/24	SICU	to	F/W	3:40

DIET

OT Report 2/4/24
OT Utilization 11:15Am to 12:15pm
C-ARM - 11:30 AM to 11:50AM
Diathermy - 11:30am to 12pm

Transport - ~~[illegible]~~ 70/-

Name of Ward Secretary :
~~EMP. No.~~ : ~~[illegible] Pharmacy~~

Name of Staff Nurse : P. Sandya
EMP. No. : 0017

2507

Consumable - 1694

4201

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/EGI/2024/1/04391453

Date : 31/03/2024 09:37:51

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Mogili Lakshmi (the patient) on 30/03/2024 04:00:47 having Health/White/TAP/RAP card no. **WAP048304400291/02** and belonging to district **EAST GODAVARI**, suffering from **FRACTURE DISTAL RADIUS** having given consent for **Fracture Radius Internal Fixation - Forearm (S5.1.15)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subject to the maximum package rate of **30000** 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: 31-Mar-2024 09:37 AM

Seal :