A/S

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

25655

Patient Name Surada Kodandamma D.O.A. 01/04/24 Time 06:29 Pm

IP No. 16451 Δ SIS PCNL DOD - 8/4/24

Room No. Female ward Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
1/4/24	7:20pm	EMR	Female ward	Tulasi (0015)
4/4/24	3:20 pm	F/W	OT	P. Varalshini (0090)
4/4/24	4:30pm	OT	ICU	muni (0003)
4/4/24	10 pm	ICU	Female ward	uma (0043)

OPERATION THEA TRE

Date	:	4/4/24	OT No.	:	I.
Surgeon	:	Dr. manikanta.	Start Time	:	4:10pm
I Asst. Surgeon	:		End Time	:	4:30pm.
II Asst. Surgeon	:		Dis. Pack	:	
III Asst. Surgeon	:		Diathermy	:	
Anaesthetist	:	Dr. Hemalatha	C-Arm	:	
OT Nurse	:	karuna	Arthroscopy	:	
Name of Surgery	:	URSL DJ stent.	Laproscopy	:	
			Sevoflurane / Isoflurane	:	
			Inj. Fentanyl	:	
			Others	:	

MONITOR

Date	Start	Date	Disconnect
4/4/24	5.30pm.	4/4/24	10pm

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 THEA TRE

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**

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

1/4/24	Chest - X-ray ✓		
8/4/24	X-Ray KUB ✓		

CBG

~~4/4/24~~			10 PM.

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr-manikantan sir (Urologyist)	4/4/24	5/4/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	Transport - 50/-
BILL CLEARED : 5353 Consumable - 1450	
RETURNS CHECKED : ₹ 6803/-	

Other Procedures : (specify) :-

Admission Officer :

P. Sowdya 8017
Sister In-charge

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/2024/1/04392822

Date : 06/04/2024 11:54:49

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Kodandamma (the patient) on 02/04/2024 03:58:48 having Health/White/TAP/RAP card no. **WAP048300800400/03** and belonging to district **EAST GODAVARI**, suffering from **URL + DJ STENTING** 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 **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: 03-Apr-2024 05:31 PM

Seal :