



BILLING CARD

25655

Patient Name Gollapalli satish (41M) D.O.A. 2/4/24 Time 12:34 PM
 IP No. 16452 Asis:- URSL + DJ stenting
 Room No. M/W. Rent Per Day _____

TRANSFER DET AILS

| Date | Time | From | To | Sister Signature |
|--------|--------|------|-----------|------------------|
| 2/4/24 | 2pm | ER | Male ward | Sandhya 6017 |
| 4/4/24 | 2:15pm | M/W | to OT | Asha |
| 4/4/24 | 4pm | OT | SICU | mani 0003 |
| 4/4/24 | SICU | TO | Male ward | Kalyani |

OPERATION THEA TRE

| | | | |
|-------------------|-----------------|--------------------------|-----------|
| Date | : 4/4/24 | OT No. | : I |
| Surgeon | : Dr. manikanta | Start Time | : 3:10 pm |
| I Asst. Surgeon | : | End Time | : 4 pm |
| II Asst. Surgeon | : | Dis. Pack | : |
| III Asst. Surgeon | : | Diathermy | : |
| Anaesthetist | : Dr. Hemalatha | C-Arm | : |
| OT Nurse | : Karuna | Arthroscopy | : |
| Name of Surgery | : URSL | Laproscopy | : |
| | | Sevoflurane / Isoflurane | : |
| | | Inj. Fentanyl | : |
| | | Others | : |

MONITOR

INFUSION PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|--------|--------|--------|------------|------|-------|------|------------|
| 4/4/24 | 5:10pm | 4/4/24 | 10 pm | | | | |

OXYGEN

SYRINGE PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
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ALPHA BED / SCD PUMP

VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
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RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

2/4/24 ECG, chest x-ray

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

| CONSULTANT NAME | Date | Date | Date | Date | Date | Date |
|-------------------------------|--------|------|------|------|------|------|
| Dr. Manikantan (urologist) | 4/4/24 | | | | | |
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PHARMACY

AMBULANCE

OT DRUGS REPLACED : -

BILL CLEARED : ~~4449~~ 4449 cons-1348 ✓

RETURNS CHECKED : ~~NO RETURNS~~ ✓

Trouser pst - 100 ✓

Other Procedures : (specify) :-

Admission Officer :

P. Sandya
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/2024/1/04392821

Date : 06/04/2024 11:28:27

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Gollapalli Satish (the patient) on 02/04/2024 04:16:29 having Health/White/TAP/RAP card no. **UHID10187147073/01** and belonging to district **EAST GODAVARI**, suffering from **URSL + 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 05:30 PM

Seal :