ACTIVITY RECORD FOR BILLING

SANJIVI HOSPITAL
HANDS OF CARE

CASH / CREDIT (A/S) A/S 40,000/-

Reg. No. :	I.P.No. : 16446	Corporate : .....

Name of Patient : Mrs. Martha Nagamani		Age : 53y	Sex : F
Consultant : Dr. N. Surya Prasad		Category :	
Date of Admission : 30/03/24	Time : 11:52A.M	Room / Bed No. : G1w.	
Date of Discharge : 10/4/24	Time :	Total Days of Stay :	
Anaesthetist : Dr. Sandeep		Anaesthesia / General / Spinal	
Diagnosis : spondylotic & Degenerative disc disease			
Surgery : Laminectomy 3/4/24 12PM			

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	6/4/24	7/4	8/4	9/4	10/4
Dr. Surya Prasad	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr. Satyanarayana (Neuro)			✓	✓		✓	✓	✓		✓		
Dr. Krishnaprasad									Paid by patient			

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
3/4/24	@2:20 PM	9:30pm	3/4/24	

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	2/4	3/4	4/4	5/4	6/4	8/4	9/4											Total
Morning	✓	✓		✓	✓	✓	✓											
Evening	✓	✓	✓	✓	✓													
Night		(A)	✓															

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
30/3/24	Surgical profile
6/4/24	RBS.
6/4/24	RBS.
9/4/24	FBS, PPBS.

Date	Investigation

RADIOLOGY INVESTIGATIONS

Date	Investigation
30/3/24	ECG, chest x-ray
30/3/24	2D Echo (Read by patient)
10/4/24	L.S. Spine AP/LAT X-ray

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	2/4/24	Pleural Taping	
Central Line		Suture Removal	
Defibrillator		Enema	
Suction			

BED TRANSFER

Date	From	To	Type of Accommodation	Time
30/3/24	Endo	to	PCW	1pm
3/4/24	PCW	to	OT	11~~am~~
3/4/24	OT	to	ICU	2pm
3/4/24	S.I.C.U	to	PCW	9:30pm

DIET

L				

OT Report 3/4/24

OT utilization: 11:30AM to 1:30pm

C-ARM - 11:40AM to 12pm

Diathermy - 12pm to 12:40pm

folic catheter Removal 5/4/24 at 7:00 AM

Transport - Ward

Name of Ward Secretary : Ja. Rahman NS

EMP. No. : 82

Name of Staff Nurse : P. Vardhini

EMP. No. : 0090

B. Kusuma.

13924

Cons - 3533

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/2024/1/04391454
Date : 31/03/2024 10:05:58

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Morth Nagamani (the patient) on 30/03/2024 12:48:52 having Health/White/TAP/RAP card no. **WAP040600600630/02** and belonging to district **EAST GODAVARI**, suffering from **SPINAL CANAL STENOSIS** having given consent for **Spine - Canal Stenosis (S10.2.15)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subject to the maximum package rate of **40000** 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 10:05 AM

Seal :