A/S

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

A/S - 25,000/-

Patient Name Palivela, Suri Babu D.O.A. 01/04/24 Time 06:13Am

IP No. 16450 Δsis:-(Lt)elbow #

Room No. Male ward Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
6/4/24	6:20pm	EMR	M/W	OT Tulasi (0044)
6/4/24	11:15 Am	male ward	OT	Sridevi (0041)
6/4/24	1pm	OT	SICU	mani (0003)
6/4/24	3pm	SICU	M/W.	Vanda (0045)

OPERATION THEA TRE

Date	:	6/4/24	OT No.	: I
Surgeon	:	Dr. Suryaprasad.	Start Time	: 11:30 Am
I Asst. Surgeon	:		End Time	: 1pm
II Asst. Surgeon	:		Dis. Pack	:
III Asst. Surgeon	:		Diathermy	: 11:45 Am to 11:55 Am
Anaesthetist	:	Dr. Suryaprasad	C-Arm	:
OT Nurse	:	padma	Arthroscopy	:
Name of Surgery	:	(L) Radius plating	Laproscopy	:
			Sevoflurane / Isoflurane	:
			Inj. Fentanyl	:
			Others	:

MONITOR

Date	Start	Date	Disconnect
6/4/24	1pm	6/4/24	3pm

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
11/4/24.	CBC, CT-BT, BGT, RBS, Serum creatinine, Blood urea, Total Bilirubin, viral markers

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

	ECG, Chest X-ray		
5/4/24	2D echo -		
10/4/24	(Lt) Elbow Joint AP/LAT X-ray		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr suryaprasad (Orthopadic)	2/4/24	3/4/24	4/4/24	5/4/24	6/4/24	7/4/24	8/4/24
	9/4/24	10/4/24					

PHARMACY

OT DRUGS REPLACED : med: ~~2587~~ / cons: ~~None~~

BILL CLEARED : ~~None~~ B. Kusuma.

RETURNS CHECKED : med: 2587 / 5128

combi 2541

AMBULANCE

Transport — 100/-

Other Procedures : (specify) :-

Jr. Ratna RN 82

Admission Officer :

P. Vardhini (0090)
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. : APCMCO/KKD/2024/1/6226921
Date : 10/04/2024 11:51:26

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms PALIVELA SURIBABU (the patient) on 03/04/2024 04:24:55 having Health/White/TAP/RAP card no. **CMCO/APS145312/2024** and belonging to district **KAKINADA**, suffering from **FRACTURE UPPER EMD ULNA** having given consent for **Diaphyseal Fracture - ORIF or CRIF - Nailing Or Plating (S5.1.9)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subject to the maximum package rate of **25000** 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: 05-Apr-2024 04:30 PM

Seal :