BILLING CARD

A/S - 25,000

Patient Name Mrs. Devara Nookalamma, 56y/F D.O.A. 04/04/24 Time 1:04 PM

IP No. 16453 Dsis:- (Lt) elbow # DOD → 10/04/24

Room No. Female ward Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
4/4/24	1 pm	EMD	Female ward	Tulasi
6/4/24	10 Am	female ward	OT	Sridevi - 0041
6/4/24	11:50 Am	OT	SICU	Mani - 0003
6/4/24	3pm	SICU	IW	Uma - 0043

OPERATION THEA TRE

Date	: 6/4/24	OT No.	: I
Surgeon	: Dr. Suryaprasad	Start Time	: 10:15AM 12pm.
I Asst. Surgeon	:	End Time	: 12pm.
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: 10:40AM to 11:05AM
Anaesthetist	: Dr. Sandeep.	C-Arm	:
OT Nurse	: Padma	Arthroscopy	:
Name of Surgery	: (Lt) Elbow K-wire fixation	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

Date	Start	Date	Disconnect
6/4/24	12pm	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
4/4/24	CBC, CT, BT, BGT, RBS, Blood urea, Creatinine, Viral markers

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

4/4/24	ECG, ~~Chest x-ray~~		
5/4/24	2decho		
10/4/24	(Lt) Elbow Joint X-ray		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Surya prasad (Orthopedic)	6/4/24	7/4/24	8/4/24	9/4/24	10/4/24		

PHARMACY	AMBULANCE
OT DRUGS REPLACED : 1682 Consumable - 1581	Transport - 180/-
BILL CLEARED : ~~Advance~~ B. Kusuma.	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Y. Ratnam 82

P. Vardhini (0090)

Admission Officer :

Sister In-charge

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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/VZG/2024/1/03289442
Date : 05/04/2024 16:35:50

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Devara Nookalamma (the patient) on 04/04/2024 12:06:08 having Health/White/TAP/RAP card no. **WAP033903300352/02** and belonging to district **VISHAKHAPATNAM**, suffering from **FRACTURE ULAN AND RADIAL HEAD TBW AND K WIRE FIXATION** 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 **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 04:35 PM

Seal :