BILLING CARD

A/S - 307861

Patient Name K. Satyanarayana (55/M) D.O.A. 6/4/24 Time 1:01 PM

IP No. 16456 DSIS:- TURP DOD - 12/4/24

Room No. M/W Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
6/4/24	1 PM	EMR	Male ward	D. Tulasi (6045)
6/4/24	4 Pm	male ward	OT	Gouriga.
6/4/24	4:15 pm	OT	M/W	padma (0036)
8/4/24	2:50 pm.	M/W	OT	Varchini 0090
8/4/24	5:30 pm	OT	ICU	mani (0003)
9/4/24	3:10 pm	ICU	M/W	Syamala.

OPERATION THEA TRE

Date	:	8/4/24	OT No.	:	1
Surgeon	:	Dr - manikanta	Start Time	:	3:15 pm
I Asst. Surgeon	:		End Time	:	5:30 pm.
II Asst. Surgeon	:		Dis. Pack	:	
III Asst. Surgeon	:		Diathermy	:	3:20pm to 4:20pm
Anaesthetist	:	Dr. Sandeep	C-Arm	:	
OT Nurse	:	mani	Arthroscopy	:	
Name of Surgery	:	TURP.	Laproscopy	:	
			Sevoflurane / Isoflurane	:	
			Inj. Fentanyl	:	
			Others	:	

MONITOR

Date	Start	Date	Disconnect
8/4/24	6pm	9/4/24	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
6/4/24.	Surgical Profile (CBC, CT, BT, Sr. Creatine, Blood urea, RBS, Total Bilirubin, Viral Marker)

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

6/4/24	chest x-ray /		
12/4/24	U/S Scan /		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Manikanta Urologist	6/4/24	8/4/24	10/4/24	12/4/24			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : —	TRANSPORT - 70/-
BILL CLEARED : Nil (Rs 12581/-) Con: 6378	
RETURNS CHECKED : —	

Other Procedures : (specify) :-

1/4 Foleys Catheter done in OT. [8/4/24]

~~1+fo~~ Foley's Catheter removal at 11.30 Am 12/4/24

P. Vardhini (0090)

Admission Officer :

P. Sandhya
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/2024/1/04394615

Date : 12/04/2024 11:30:44

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Kada Satyanarayana (the patient) on 06/04/2024 12:46:49 having Health/White/TAP/RAP card no. **WAP0483045A0244/01** and belonging to district **EAST GODAVARI**, suffering from **TURP** having given consent for **Transurethral Resection of Prostate -TURP (S9.9.1)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subject to the maximum package rate of **30786** 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: 07-Apr-2024 04:02 PM

Seal :