

**BILLING CARD**

A/S - 307861 -

Patient Name K. Satyanarayana (55/M)D.O.A. 6/4/24 Time 1:01 PMIP No. 16456

DSS - TURP DOD - 12/4/24

Room No. 11/W

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
6/4/24	1 PM	EMR	Male ward	D. Tulagi (0045)
6/4/24	4 PM	male ward	OT	G. Durga
6/4/24	4:15 PM	OT	m/w	padma (0036)
8/4/24	2:50 PM	M/W	OT	Vandhini 0090
8/4/24	5:30 PM	OT	ICU	mami (0003)
9/4/24	3:10 PM	ICU	M/W	Syanala

OPERATION THEA TRE

Date	:	8/4/24	OT No.	:	5
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	:	3:20 PM to 4:20 PM
Anaesthetist	:	Dr. Sandeep	C-Arm	:	
OT Nurse	:	mami	Arthroscopy	:	
Name of Surgery	:	TURP	Laprosopy	:	
			Sevoflurane / Isoflurane	:	
			Inj. Fentanyl	:	
			Others	:	

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
8/4/24	6 PM	9/4/24	3 PM				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	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 :

[illegible]

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

6/4/24
12/4/24
chest x-ray
US Scan

CBG

CBG

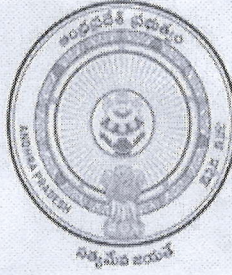
Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]

**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 :