MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name: Mr. Chinta Umamaheswara ganesh   D.O.A. 05/04/24   Time: 5:17 P.M

IP No.: 16454   Δ s/s/- Rt. inguinal hernia 29Y/M   DOD - 13/4/24

Room No.: Male ward   Rent Per Day: 25655

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
5/4/24	6.30pm	EML	Male ward	Chandana
10/4/24	4:00pm	TO	OT	Sandya
10/4/24	6:15	OT	SICU	mani (0003)
11/4/24	12 pm	SICU	M/W	Sjamla

OPERATION THEATRE

Date :	10/4/24	OT No. :	I
Surgeon :	Dr. samanth	Start Time :	5 pm
I Asst. Surgeon :		End Time :	6:15pm
II Asst. Surgeon :		Dis. Pack :	
III Asst. Surgeon :		Diathermy :	5:15pm to 5:50pm
Anaesthetist :	Dr. Hemalatha	C-Arm :	
OT Nurse :	padma, mani	Arthroscopy :	
Name of Surgery :	(Rt) Inguinal Hernia c̄ mesh Repair.	Laproscopy :	
		Sevoflurane / Isoflurane :	
		Inj. Fentanyl :	
		Others :	

MONITOR

Date	Start	Date	Disconnect
10/4/24	6.15pm	11/4/24	12 pm

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
5/4/24	Surgical profile

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Samanth (Onco & Gen Surgery)	10/4/24	12/4/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : ~~2571~~ Consumable - 3855 medic - 2571 6426	70/-
RETURNS CHECKED :	

Other Procedures : (specify) :-

12/4/24 Dressing done. [minor]

Admission Officer :

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/2024/1/04394617

Date : 13/04/2024 11:04:51

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Chinta Uma Maheswara Ganesh (the patient) on 06/04/2024 11:05:44 having Health/White/TAP/RAP card no. **WAP042201000137/02** and belonging to district **EAST GODAVARI**, suffering from **INGUINAL HERNIA** having given consent for **Herinoplasty with Mesh Direct Inguinal Hernia (S1.3.1.10)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subject to the maximum package rate of **25655** 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: 08-Apr-2024 08:40 PM

Seal :