

**Dr. Nandamuri Taraka Rama Rao Vaidya Seva Trust****Dr NTR Vaidya Seva 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/2024/1/04394616/02

Date : 08/10/2024 11:39:57

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Vallu Yesubabu (the patient) on 30/09/2024 04:16:18 having Health/White/TAP/RAP card no. **WAP043905200444/0** and belonging to district **EAST GODAVARI**, suffering from **VENTRICULOPERITONEAL SHUNT** having given consent for **Ventriculoperitoneal Shunt (S10.1.12)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subject to the maximum package rate of **44900** and send the bills for the claim after the discharge.

Authorised Signatory

(Panel Doctor)

Panel Doctor

Name : Panel doctor (Dr NTR Vaidya Seva Trust)

Date: 01-Oct-2024 05:18 PM

Seal :

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name V. Yesu Babu, 63 / MDOB: 8/10/24IP No. 512D.O.A. 30/9/24 Time 5:08 PMRoom No. Male general wardDiagnosis: Abstractive hydrocephalus

Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
30/9/24	6pm	ER	Male ward	R. Sandhya 6017
2/10/24	10 AM	M/W	OT	Vardhini (0090)
2/10/24	12:30 PM	OT	STW	Devi
2/10/24	7 PM	STW	M/W	Syona

OPERATION THEATRE

Date	: 2/10/24	OT No.	: 1st
Surgeon	: Dr. Satyanarayana	Start Time	: 10:30 AM
I Asst. Surgeon	: -	End Time	: 12: PM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: 1 Hour
Anaesthetist	: Dr. Kulkarni	C-Arm	: -
OT Nurse	: Karuna	Arthroscopy	: -
Name of Surgery	: Rt MIPR Shunt	Laprosopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: -
		Others	: -

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
2/10/24	12:30 PM	2/10/24	7 PM				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
2/10/24	12:30 PM	2/10/24	2:00 PM				

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE	
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 :

OT. No. :

Start Time

End Time

Dis. Pack

Diathermy

C-Arm

Arthroscopy

Laparoscopy

Sevoflurane / Isoflurane :

Inj. Fentanyl

Others

LABORATORY

1/10/24	FBS, PPBS
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[illegible]

[illegible]

8/10/24	Skull lateral post-op.
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2/10/24	1+1
3/10/24	1+1

CBG**CBG**

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

