BILLING CARD

Patient Name Mr:- Valle Yesubabu D.O.A. 5-4-24 Time 7:11 PM

IP No. 16455 ASS:- PCNL DOD - 13-4-24

Room No. Male ward Rent Per Day 38700

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
5/4/24	8:40pm	EMR	Male Ward	ch-Lakshmi Kumari (0055)
10/4/24	2PM	M/W	OT	Asha
10/4/24	5PM	OT	SICU	mani 0003
10/4/24	10:00pm	SICU	M/W	mani 0069

OPERATION THEATRE

Date	: 10/4/24.	OT No.	: I
Surgeon	: Dr. Manikanta	Start Time	: 3:1pm
I Asst. Surgeon	:	End Time	: 3:50 P.M
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: Dr. Sandeep	C-Arm	: 3:10pm to 3:30 P.M
OT Nurse	: Karuna	Arthroscopy	:
Name of Surgery	: PCNL (R)	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

Date	Start	Date	Disconnect
10/4/24	5pm	10/4/24	10:00pm

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
25/4/24	Surgical profile.

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

5/4/24	Chest x-ray		

CBG

10/4/24	t		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. J. Manikantan	08/4/24	10/4/24	12/4/24				

PHARMACY		AMBULANCE
OT DRUGS REPLACED :		
BILL CLEARED :	med: 5856	Transport - 80/-
RETURNS CHECKED :	consb: ~~2652~~ 5972	

Other Procedures : (specify) :-

1. Hysterolyes catheter done 10/04/24 2:30PM

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/EGI/2024/1/04394616

Date : 12/04/2024 10:57:23

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Vallu Yesubabu (the patient) on 06/04/2024 12:40:18 having Health/White/TAP/RAP card no. **WAP043905200444/02** and belonging to district **EAST GODAVARI**, suffering from **PCNL + DJ STENTING LEFT** having given consent for **PCNL (S9.3.2)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subject to the maximum package rate of **38700** 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 04:07 PM

Seal :