MH/ PRINT / 0007 / BILL / FO

BILLING CARD A/S 272851 -

Patient Name P.V. Sairaju (26/M) D.O.A. 6/4/24 Time 3:53 PM

IP No. 16457 A/S URS2 DOD - 12/4/24

Room No. M/W Rent Per Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
6/4/24	4:30pm	EMR	MALE WARD	Chendu 0091
8/4/24	1:45PM	M/W	to OT	Asha
8/4/24	3:30pm	O.T	to S.I.C.U.	Karuna,
8/4/24	10:00pm	SICU	to M/W	Mani

OPERATION THEATRE

Date :	8/4/24	OT No. :	I
Surgeon :	Dr. Mani Kanta	Start Time :	2pm.
I Asst. Surgeon :		End Time :	3:PM.
II Asst. Surgeon :		Dis. Pack :	
III Asst. Surgeon :		Diathermy :	
Anaesthetist :	Dr. Sandeep	C-Arm :	
OT Nurse :	Karuna	Arthroscopy :	
Name of Surgery :	URSL	Laproscopy :	
		Sevoflurane / Isoflurane :	
		Inj. Fentanyl :	
		Others :	

MONITOR

Date	Start	Date	Disconnect
8/4/24	3:30PM	8/4/24	10.00PM

INFUSION PUMP

Date	Start	Date	Disconnect
8			

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

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

6/4/24	ECG		
8/4/24	KUB X-ray USG scan		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. J. Manikantan	8/4/24	10/4/24	12/4/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : — cons-1223	
BILL CLEARED : Nil (Rs 3453/-)	Transport - 150/-
RETURNS CHECKED : — 7676/-	

Other Procedures : (specify) :-

12 Folyes catheter done in OT.

Folyes catheter removal at 10/4/24 at 6:00 Pm

P. Vardhini (0090)

P. Santhya
Sister In-charge

Admission Officer :

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/WGI/2024/1/05280135

Date : 12/04/2024 11:20:30

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Podagantla Venkata Sai Raju (the patient) on 06/04/2024 03:03:59 having Health/White/TAP/RAP card no. **WAP058202700212/03** and belonging to district **WEST GODAVARI**, suffering from **URSL+ DJ STENTING** having given consent for **Dj Stent -One Side (S9.3.6) ,ursl (S9.3.4)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subject to the maximum package rate of **27285** 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 04:04 PM

Seal :