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/2024/1/04396437

Date : 19/04/2024 10:43:28

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Ravi (the patient) on 12/04/2024 11:21:08 having Health/White/TAP/RAP card no. **RAP043503500163/03** and belonging to district **EAST GODAVARI**, suffering from **FRAVTURE TROCHANTERIC** having given consent for **Neck Femur - ORIF Intertrochanteric / Sub Trocanteric Fracture with Dynamic Hip Screw or PFN (S5.1.44)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subject to the maximum package rate of **32900** 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: 12-Apr-2024 08:47 PM

Seal :

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

A/S - 329001-

Patient Name Mr:- Langka Ravi 19/M D.O.A. 11-4-24 Time 8:54 pm

IP No. 16460 Dsis:-(Rt) hip # DOD 19-4-24

Room No. GW Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
11/4/24	9:00 PM	RMP	MALE WARD	Mani 0069
15/4/24	10:30 Am	M/w	OT	Vardhini 0090
15/4/24	12:30 PM	OT	SICU	mani (0003)
15/4/24	5:30 Pm	SICU	M/W	Syamala 0085

OPERATION THEA TRE

Date	: 15/4/24	OT No.	: I
Surgeon	: Dr. Suryaprasad	Start Time	: 11 AM
I Asst. Surgeon	:	End Time	: 12:15 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: 11:15 AM to 11:50 AM
Anaesthetist	: Dr. Sandeep	C-Arm.	: 11:15 AM to 11:40 AM
OT Nurse	: padma, mani	Arthroscopy	:
Name of Surgery	: DHS	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

Date	Start	Date	Disconnect
15/04/24	12:30Pm	15/4/24	5:30 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
12/4/24	SURGICAL PROFILE (Hb, TC, DC, ESR, platelet count, RBS, Srcreatine blood urea, Total billrubin - viral marker, blood grouping).
13/4/24	HB%.

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

11/4/24	X-Ray chest		
11/4/24	(Rt) hip x-Ray		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. N.S. PRASAD (ORTHO - SURGEON)	12/4/24 19/4/24	13/4/24	14/4/24	15/4/24	16/4/24	17/4/24	18/4/24

PHARMACY

OT DRUGS REPLACED : 1868 Implants → 1974

BILL CLEARED : 2475

RETURNS CHECKED : 4343

AMBULANCE

Trans pat - 100/-

Other Procedures : (specify) :-

10 Blood transfusion start. 15/4/24 at 1:00pm. ending time 4pm

Drain present on 15/4/24 removed 17/4/24

Admission Officer :

P. Vardhini (0090)
Sister In-charge