

**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/2024/1/04396436

Date : 19/04/2024 11:12:48

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms BUNGA VIJAENDRA RAJU (the patient) on 12/04/2024 11:42:23 having Health/White/TAP/RAP card no **WAP048310200061/02** and belonging to district **EAST GODAVARI**, suffering from **FRACTURE METATARSAL** having given consent for **Internal Fixation of Small Bones (S5.1.32)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subject to the maximum package rate of **18300** and send the bills for the claim after the discharge.

Authorised Signatory

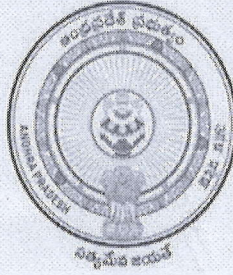
(Panel Doctor)

Panel Doctor

Name : Panel doctor (Dr. YSR Aarogyasri Health Care Trust)

Date: 13-Apr-2024 12:10 PM

Seal :



35500/-
18300/-
53800

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APPROVAL FOR CASHLESS FACILITY

Claim No. : APTRUST/EGI/2024/1/04396436/01

Date : 19/04/2024 10:51:45

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms BUNGA VIJAENDRA RAJU (the patient) on 12/04/2024 11:36:40 having Health/White/TAP/RAP card no. **WAP048310200061/02** and belonging to district **EAST GODAVARI**, suffering from **FRACTURE FEMURE** having given consent for **Distal femur Fracture - ORIF/CRIF (S5.1.17)** surgery/therapy is hereby **AUTHORISED** to undertake the procedure/treatment subject to the maximum package rate of **35500** 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 08:49 PM

Seal :

Authorised Signatory

(Dr. YSR Aarogyasri Health Care Trust)

Trust Doctor

Name : Trust doctor (Dr. YSR Aarogyasri Health Care Trust)

Date: 13-Apr-2024 08:57 AM

Seal :

**BILLING CARD**

A/s - 53,800

Patient Name Mr. Bunga Vijendra RajuD.O.A. 11-4-24 Time 9:05 PMIP No. 16461A/s:- Rt femur & foot IIRoom No. male ward

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
11/4/24	9:00 PM	Female	MALE WARD	Mleena
16/4/24	8:05 AM	mlw	OT	G. H. Unga 0053.
16/4/24	11 AM	OT	SCU	NB
16/04/24	5:00 PM	SCU	m/w	wari 0069

OPERATION THEA TRE

Date :	16/4/24	OT No. :	J
Surgeon :	Dr. Subyaprasad	Start Time :	9 AM
I Asst. Surgeon :		End Time :	11 AM
II Asst. Surgeon :		Dis. Pack :	
III Asst. Surgeon :		Diathermy :	9:15 AM to 10:15 AM
Anaesthetist :	Dr. Sandeep	C-Arm :	9:20 AM to 11:15 AM
OT Nurse :	Padma. mani	Arthroscopy :	
Name of Surgery :	Rt femur Interlocking metatarsal.	Laprosopy :	
		Sevoflurane / Isoflurane :	
		Inj. Fentanyl :	
		Others :	

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
16/4/24	11 AM	16/4/24	5:00 PM				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	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 :

[illegible]

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

11/11 X-Ray of chest
11/11 Femur X-Ray

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]