

MH/ PRINT / 0007 / BILL / FO



A/s → 25000/-

D.O.A. 12-04-24 Time 9:40 Pm

2) HAND WRIST #

DOD - 18/4/24

Room No. Male general ward

Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
12/4/24	10:00pm	GMR	MALB WARD	Chaukoo
15/4/24	9:00 am	M/W	OT	Vardhini (0090)
15/4/24	12:30 pm	OT	SICU	mani (0003]
15/4/24	1:00pm	SICU	mlw	Sandhya

OPERATION THEA TRE

PATIENT INFORMATION		OPERATION THEATRE	
Date :	15/4/24	OT No. :	I
Surgeon :	DR. Surya prasad	Start Time :	9:15 AM
I Asst. Surgeon :		End Time :	10:30 AM
II Asst. Surgeon :		Dis. Pack :	
III Asst. Surgeon :		Diathermy :	
Anaesthetist :	DR. Sandeep	C-Arm :	9:40 AM to 10:30 AM
OT Nurse :	padma	Arthroscopy :	
Name of Surgery :	⊕ Radius plating	Laproscopy :	
		Sevoflurane / Isoflurane :	
		Inj. Fentanyl :	
		Others :	

MONITOR

Date	Start	Date	Disconnect
15/04/24	10:30am	18/24/24	12:30pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

[illegible]

SYRINGE PUMP

[illegible]

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 :

[illegible]

12/4/24

CBC, Urea, Creatinine, RBS, VIRALS, BLOOD GROUPING
CT - BT, T. Bilirubin (Surgical Profile)

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

value

ECG, Chest X-Ray

CBG**CBG**

Date _____

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]

**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/2024/1/04396956
Date : 18/04/2024 11:06:47

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Mohammad Mahaboob Janikhan (the patient) on 13/04/2024 10:46:24 having Health/White/TAP/RAP card no. **JAP042500200243/01** and belonging to district **EAST GODAVARI**, suffering from **CASE OF FRACTURE RIGHT DISTAL RADIUS** having given consent for **Distal Radius Fracture - Forearm (S5.1.22)** surgery/therapy is hereby **AUTHORISED** to undertake the procedure/treatment subject to the maximum package rate of **25000** 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 07:07 PM

Seal :