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/2024/1/04397855

Date : 22/04/2024 11:39:40

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Dharmadi Dhanalaxmi (the patient) on 15/04/2024 12:44:09 having Health/White/TAP/RAP card no. **YAP043701800004/01** and belonging to district **EAST GODAVARI**, suffering from **RADIAL HEAD EXCISION** having given consent for **Excision of Radial head (S5.1.19)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subject to the maximum package rate of **20000** 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: 16-Apr-2024 12:03 PM

Seal :

MH/ PRINT / 0007 / BILL / FO

A/S - 20,000/-

BILLING CARD

Patient Name D. Dhanalakshmi : 57/F D.O.A. 15/4/24 Time 1:42 PM

IP No. 16469 Δ: (RT) Elbow # DOD - 22/4/24

Room No. F/W Rent Per Day :

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
15/4/24	6.20pm	Gen R	F/W	Chandra
18/4/24	10:40Am	female ward	OT	Sridevi - 0041
18/4/24	12pm.	OT	SICU	Mani - 0003.
18/4/24	2pm	SICU	F/W	Uma - 0043

OPERATION THEA TRE

Date	: 18/4/24.	OT No.	: I.
Surgeon	: Dr. Surya prasad	Start Time	: 11 AM
I Asst. Surgeon	: will	End Time	: 11:50 AM
II Asst. Surgeon	: will.	Dis. Pack	: will
III Asst. Surgeon	: will.	Diathermy	: 11:15Am to 11:30 AM
Anaesthetist	: Dr. Sandeep	C-Arm	: 11:20Am to 11:30 AM.
OT Nurse	: padma	Arthroscopy	: will.
Name of Surgery	: (RT) Radial head. Excission	Laproscopy	: will.
		Sevoflurane / Isoflurane	: will
		Inj. Fentanyl	: will.
		Others	:

MONITOR

Date	Start	Date	Disconnect
15/4/24	12pm	18/4/24	2pm

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
15/11/24	CBC, CT, BT, BGT, Blood urea, Sr. Creatinine, Total Bilirubin, RBS, Viral Markers, Surgical profile

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

15/4/19	Chest X-ray, ECG		
16/4/19	2D ECHO		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. M. S. PRASAD (ORTHO SURGEON)	6/4/24 22/4/24	17/4/24	12/4/24	19/4/24	20/4/24	21/4/24	

PHARMACY

OT DRUGS REPLACED : 1233 (OT CONS)

BILL CLEARED : 2097 (Medicines)

RETURNS CHECKED : IMPLANTS (NIL) 3330 0023

AMBULANCE

Trauma pat - 50

Other Procedures : (specify) :-

Admission Officer :

P. Vardhini (0090)
Sister In-charge