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/2024/1/04399023

Date : 26/04/2024 10:44:56

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms NAKKA MANGAMMA (the patient) on 18/04/2024 10:48:49 having Health/White/TAP/RAP card no. **WAP043403400465/01** and belonging to district **EAST GODAVARI**, suffering from **PCNL WITH DJ STUNTING** having given consent for **Dj Stent -One Side (S9.3.6) ,PCNL (S9.3.2)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subject to the maximum package rate of **38700** 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: 18-Apr-2024 08:44 PM

Seal :

A/S

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name Nakka. mangamma D.O.A. 17/04/24 Time 04:08 Pm

IP No. 16472 W"558. DOD - 26/4/24 LT Renal calculi

Room No. Female ward Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
17/4/24	4:30pm	EMR	Female ward	T. Sandya 0017
22/4/24	2.00pm	F/W	OT	Vardhini 0090
22/4/24	3:15pm	OT	STCW	mani (0003)
23/4/24	10:00Am	STCW	F/W	mani (0069)

OPERATION THEA TRE

Date	:	22/4/24	OT No.	: I.
Surgeon	:	Dr Manikanta	Start Time	: 2:30pm
I Asst. Surgeon	:	Nill	End Time	: 3:15pm
II Asst. Surgeon	:	Nill	Dis. Pack	: Nill.
III Asst. Surgeon	:	Nill	Diathermy	: Nill.
Anaesthetist	:	Dr. Sandeep	C-Arm	: 2:30pm to 3:pm.
OT Nurse	:	Karuna	Arthroscopy	: Nill.
Name of Surgery	:	(L) PCNL + DJ stunt	Laproscopy	:
			Sevoflurane / Isoflurane	: Nill.
			Inj. Fentanyl	: Nil.
			Others	:

MONITOR

Date	Start	Date	Disconnect
22/4/24	3:00pm	23/04/24	8Am

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
17/4/24	CBC, G.BT, BGT, RBS, ~~Creatinine~~, T. Bilirubin, Blood urea, VBGals ~~Markers~~.

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

12/11/24	ECG, chest x-ray		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Manikantan (Urology)	20/4/24	22/4/24,	25/4/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	Transport - 100₹
BILL CLEARED : 6925 4209 2716 (Medl consumble)	
RETURNS CHECKED : NIL (Implants)	

Other Procedures : (specify) :-

(14) Foleys catheter done at 3pm in OT (22/4)

Foleys Removed on 25/4/24 at 5PM

Admission Officer :

P. Vardhini (0090)
Sister In-charge