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/2024/1/04401159/01

Date : 29/04/2024 11:03:24

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Mata Suri Babu (the patient) on 25/04/2024 11:01:08 having Health/White/TAP/RAP card no. **WAP048304800114/01** and belonging to district **EAST GODAVARI**, suffering from **FRACTURE DISTAL AND 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: 25-Apr-2024 04:25 PM

Seal :

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Als- 25000

Patient Name: mata suribabu D.O.A. 23-4-24 Time 12:20PM

DOD - 29-4-24

IP No. 16477 Δsis:- Distal Radius #(Rt hand

Room No. GW Rent Per Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
23/4/24	1pm	EMR	Malewara	P. Sandhya 0017
25/4/24	10:37Am	M/W	OT	Sandhya
26/4/24	12pm	OT	SICU	mani (0003)
26/4/24	2.30pm	SICU	m/w	Syamala

OPERATION THEATRE

Date :	26/4/24	OT No. :	I
Surgeon :	Dr suryaprasad	Start Time :	11:AM
I Asst. Surgeon :	nill	End Time :	11:50AM
II Asst. Surgeon :	nill	Dis. Pack :	nill
III Asst. Surgeon :	nill	Diathermy :	11:10AM to 11:30AM
Anaesthetist :	Dr sandeep	C-Arm :	11:10Am to 11:40AM
OT Nurse :	padma,	Arthroscopy :	nill
Name of Surgery :	Rt - Radiusplating	Laproscopy :	nill
		Sevoflurane / Isoflurane :	nill
		Inj. Fentanyl :	nill
		Others :	

MONITOR				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
26/4/24	12pm.	26/4/24	2.30pm				

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	:

Date	LABORATORY
23/4/24	CBC, CT, BT, BGT, RBS, T. Bilirubin, Blood urea, Creatinine, Viral Markers,

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

23/4/24	ECG, chest x-ray		
24/4	2DECHO		

CBG

26/4/24	1+1		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sugyaprasad (Orthopaedic)	23/4/24	24/4/24	25/4/24	26/4/24	27/4/24	28/04/24	29/4/24

PHARMACY

OT DRUGS REPLACED : —

BILL CLEARED : CONS :- 1293/-
MED :- 17071/-
IMPLANTS - 4911/- } 00%

RETURNS CHECKED :

AMBULANCE

Transportation ⇒ 50/-

Other Procedures : (specify) :-

Admission Officer :

P. Vardhini (0090)
Sister In-charge