

**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/2024/1/04401447

Date : 02/05/2024 10:32:09

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms GUBBALA VIJAYA DURGA (the patient) on 23/04/2024 12:42:36 having Health/White/TAP/RAP card no. **JAP041700800174/01** and belonging to district **EAST GODAVARI**, suffering from **SPINAL CANAL STENOSIS** having given consent for **Spine - Canal Stenosis (S10.2.15)** surgery/therapy is hereby **AUTHORISED** to undertake the procedure/treatment subject to the maximum package rate of **40000** 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: 24-Apr-2024 01:46 PM**

Seal :

**BILLING CARD**

A/S → 40000/-

Patient Name Mrs. GUBBALA VITAYA DURGAD.O.A. 23/4/24 Time 3:08 PMIP No. 16478Room No. female wardAssis - L5-S1, Disc & stenosis

DOD → 02/05/24

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
23/4/24	4:00 PM	EMR	Flw	Kumari
25/4/24	1:50 PM	Flw	OT	Baby Ravi
25/4/24	4:30 PM	OT	SICU	Madi 0003
26/4/24	9 AM	SICU	Flw	Uma - 0048

OPERATION THEA TRE

Date	: 25/4/24	OT No.	: I
Surgeon	: Dr. Satyanarayana	Start Time	: 2:30 PM
I Asst. Surgeon	: Nil	End Time	: 4 PM
II Asst. Surgeon	: Nil	Dis. Pack	: Nil
III Asst. Surgeon	: Nil	Diathermy	: 2:40 PM to 3:30 PM
Anaesthetist	: Dr. Sandeep	C-Arm	: 2:40 PM to 3:10 PM
OT Nurse	: Padma, Seena M	Arthroscopy	: Nil
Name of Surgery	: LAMNECTOMY	Laproscoy	: Nil
		Sevoflurane / Isoflurane	: 50 ml
		Inj. Fentanyl	: 2 ml
		Others	: Nil

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
25/4/24	4:30 PM	26/4/24	9 AM				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
25/4/24	4:30 PM	25/4/24	5:30 PM				

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
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[illegible]

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

23/4/20 E.C.G, chest X-Ray
 X-Ray L spine < 1st
 2/5/20 2nd X-Ray L spine < 1st (pos-pp)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

