

**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/VZG/2024/1/03296402

Date : 04/05/2024 11:44:03

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Prasadula Kasulamma (the patient) on 25/04/2024 11:04:24 having Health/White/TAP/RAP card no. **RAP033902301634/01** and belonging to district **VISHAKHAPATNAM**, suffering from **FRACTURE HIP** having given consent for **Neck Femur - ORIF Intertrochanteric / Sub Trochanteric Fracture with Dynamic Hip Screw or PFN (S5.1.44)** surgery/therapy is hereby **AUTHORISED** to undertake the procedure/treatment subject to the maximum package rate of **32900** 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 04:26 PM

Seal :

A/s

MH/ PRINT / 0007 / BILL / FO



BILLING CARD

AS/ - 32800/-

Patient Name P. KasulammaD.O.A. 23-04-24 Time 10:39 pmIP No. 16479

Dis: Left hip #

415124

Room No. _____

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
23/4/24	11 PM	EMR	Female Ward	D. Tulasi oaks -
25/4/24	1:31 PM	Plw	SICU	Sandya
25/4/24	5:30 PM	SICU	Flw	Uma
27/4/24	4 PM	SICU	Flw	Kumari
30/4/24	11:40 AM	Flw	OT	Vandhini (0090)
30/4/24	2 PM	OT	SICU	Mani

OPERATION THEA TRE

Date	: 30/4/24	OT No.	: I
Surgeon	: Dr. Suryaprasad	Start Time	: 11:50 AM
I Asst. Surgeon	: will	End Time	: 2 PM
II Asst. Surgeon	: will	Dis. Pack	: will
III Asst. Surgeon	: will	Diathermy	: 12:10 PM to 1:30 PM
Anaesthetist	: Dr. Sandeep	C-Arm	: will
OT Nurse	: Karuna. padma	Arthroscopy	: will
Name of Surgery	: (L) Amp	Laproscope	: will
		Sevoflurane / Isoflurane	: will
		Inj. Fentanyl	: will
		Others	:

MONITOR

Date	Start	Date	Disconnect
25/4/24	2:10 PM	25/4/24	5:30 PM
27/4/24	4 PM	27/4/24	6:30 PM
30/4/24	2 PM	30/4/24	7:12

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	:

LABORATORY

Date	
23/4/24.	CBC, CT, BT, BGT, RBS, Creatinine, T. Bilirubin Blood urea, vitals markers
28/4/24.	HB ⁺
2/5/24	HB ⁺

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

23/1/24 chest X-ray, ECG
 26/1/24 20 Echo - Screening
 4/5/24 X-ray Lt Hip ApL LAT (post op)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

A/S

MH/ PRINT / 0007 / BILL / FO

**BILLING CARD**

AS/ - 328001 -

Patient Name P. KarubemmaD.O.A. 23/4/24 Time 10:30pmIP No. 16479Dis: Left Hip.DOD 4/5/24

Room No. _____

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
30/4/24	4pm	SICU	Flw	Vijayadurai
31/5/24	11:15am	Flw	SICU	Sandhya
31/5/24	2pm	SICU	Flw	Bahya Rami

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 :

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
31/5/24	11:30am	31/5/24	2pm				

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 :

[illegible]

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

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

