**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/KSM/2024/1/6318486

Date : 04/05/2024 11:10:15

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Yadla Saibabu (the patient) on 26/04/2024 03:18:38 having Health/White/TAP/RAP card no. **UHID10190626321/02** and belonging to district **KONASEEMA**, suffering from **URSL PLUS DJ STUNTING** having given consent for **Dj Stent -One Side (S9.3.6) ,ursl (S9.3.4)** surgery/therapy is hereby **AUTHORISED** to undertake the procedure/treatment subject to the maximum package rate of **27285** 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: 27-Apr-2024 04:10 PM**

Seal :

A/S

BILLING CARD

Als - 27285/-
D.O.D. = 4/5/24
D.O.A. 26/04/24 Time 04:25pm

Patient Name Yadla. Sai BabuIP No. 180Room No. male ward

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
26/4/24	4pm	ENR	Male ward	P. Sandhya 017
30/4/24	8:50 AM	MLW	OT	Asha 0093
30/4/24	11 AM	OT	SEW	Mani
30/4/24	4 PM	SLW	MLW	Kumari

OPERATION THEA TRE

Date	:	30/4/24	OT No.	:	T
Surgeon	:	Dr. Manikanta	Start Time	:	9:40 AM
I Asst. Surgeon	:	Nil	End Time	:	10:30 AM
II Asst. Surgeon	:	Nil	Dis. Pack	:	Nil
III Asst. Surgeon	:	Nil	Diathermy	:	Nil
Anaesthetist	:	Dr. Sandeep	C-Arm	:	9:50 AM to 10: AM
OT Nurse	:	Karuna	Arthroscopy	:	Nil
Name of Surgery	:	URS2 + OT stent	Laproscopy	:	Nil
			Sevoflurane / Isoflurane	:	Nil
			Inj. Fentanyl	:	Nil
			Others	:	

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
30/4/24	11 AM	30/4/24	4:30 PM				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

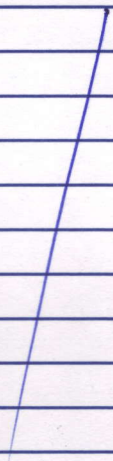
OPERATION THEA TRE

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

26/4/24 CBC, CT, BT, PGT, RBS, Coagulation, Blood urea,
T. Biliubin, Urinal markers.



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

06/4/24 ECG, chest x-ray
 04/05/2024 USG Abdomen (put side
 Satya Scan Center
 04/05/24 KUB x-ray

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

