

**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/KKD/2024/1/6228006

Date : 03/05/2024 12:58:38

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms PINDRALA NIHAL (the patient) on 29/04/2024 11:27:39 having Health/White/TAP/RAP card no. **WAP043803300119/05** and belonging to district **KAKINADA**, suffering from **IMPLANT REMOVAL** having given consent for **Removal of implants plates and nail (S5.8.1)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subject to the maximum package rate of **17600** 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: 29-Apr-2024 04:51 PM

Seal :

**BILLING CARD**

AS - 176001 -
DOB - 28/5/24

Patient Name Pindrala Nihal ; 7/11

D.O.A. 29/4/24 Time 1:35 PM

IP No. 188

Δsis! Implant Removal of (L)

Room No. Male general ward

Rent Per Day Forearm

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
29/4/24	8 AM	EMR	Male ward	P. Sandeep 007
11/5/24	9:30 AM	MW	to OT	ASB 0093
11/5/24	10:30 AM	OT	STCU	manj 0003
11/5/24	2:00 PM	STCU	M/W	manj (0060)

OPERATION THEA TRE

Date :	11/5/24	OT No. :	I
Surgeon :	Dr. Suryaprasad	Start Time :	9:40 AM
I Asst. Surgeon :	will	End Time :	10:30 AM
II Asst. Surgeon :	will	Dis. Pack :	will
III Asst. Surgeon :	will	Diathermy :	9:50 AM to 10 AM
Anaesthetist :	Dr. Sandeep	C-Arm :	9:50 AM to 10:10 AM
OT Nurse :	padma ch. srmu	Arthroscopy :	will
Name of Surgery :	# Both Bone mail Removal	Laproscopy :	will
		Sevoflurane / Isoflurane :	will
		Inj. Fentanyl :	will
		Others :	

MONITOR

Date	Start	Date	Disconnect
11/5/24	10:30 AM	11/5/24	2:00 PM

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
11/5/24	10:30 AM	11/5/24	11 AM

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 :

[illegible]

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

29/4/24 ~~ECG~~ chest x-ray
3/5/24 Lt Fore arm AP/LAT

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]