

**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/2024/1/04404028

Date : 10/05/2024 10:40:34

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Lanke Srinu (the patient) on 29/04/2024 12:31:14 having Health/White/TAP/RAP card no. **JAP048305000137/03** and belonging to district **EAST GODAVARI**, suffering from **SPINE FIXATION** having given consent for **Spinal Fusion Procedure (S10.2.9)** surgery/therapy is hereby **AUTHORISED** to undertake the procedure/treatment subject to the maximum package rate of **51309** 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: 30-Apr-2024 06:09 PM**

Seal :

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

A/S - 51309.1 -

Patient Name Lanka Binu ; 43/FD.O.A. 30/4/24 Time 11:24 AMIP No. 193Δ sis: Spinal fixation.Room No. Male general wardRent Per Day 1800/- day**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
30/4/24	12pm	Emr	Male ward	P. Sandya 607
3/5/24	4:09pm	male ward	OT	G. Vargha
3/5/24	7pm	OT	STCU	mani 0003
4/5/24	6 AM	STCU	HLU	Uma - 0043.

OPERATION THEA TRE

Date	:	<u>3/5/24</u>	OT No.	:	<u>I.</u>
Surgeon	:	<u>Dr. satyamarayana</u>	Start Time	:	<u>4:15pm</u>
I Asst. Surgeon	:	<u>-</u>	End Time	:	<u>7:00pm.</u>
II Asst. Surgeon	:	<u>-</u>	Dis. Pack	:	<u>-</u>
III Asst. Surgeon	:	<u>-</u>	Diathermy	:	<u>4:30pm to 5:15pm</u>
Anaesthetist	:	<u>Dr. kusuuma</u>	C-Arm	:	<u>4:20pm to 6:20pm.</u>
OT Nurse	:	<u>Karuna, padma</u>	Arthroscopy	:	<u>-</u>
Name of Surgery	:	<u>spine fixation</u>	Laproscopy	:	<u>-</u>
			Sevoflurane / Isoflurane	:	<u>-</u>
			Inj. Fentanyl	:	<u>-</u>
			Others	:	<u>-</u>

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
3/5/24	6:30 PM	4/5/24	6 AM				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
3/5/24	6:30 PM	3/5/24	10 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 :

[illegible]

[illegible]

