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/2024/1/6228266

Date : 11/05/2024 15:10:44

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which ha admitted Mr/Ms ELLINGI DHARMARAO (the patient) on 06/05/2024 10:47:28 having Health/White/TAP/RAP card n **WAP043702500451/03** and belonging to district **KAKINADA**, suffering from **URSL C DJ STENTING** having given consent for **Stent -One Side (S9.3.6) ,ursl (S9.3.4)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subject 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: 06-May-2024 06:01 PM

Seal :

BILLING CARD

A/S/→ 27285.

Patient Name Mr. Ellingi Dharma Rao, 45y/M D.O.A. 4/5/24 Time 6:15 PM

DOD - 11/5/24

IP No. 203

Dsis: (Rt) Renal calculie

Room No. Male general ward Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
4/5/24	7.10pm	EMR	maleward	Sridevi - 0041
8/5/24	2.40pm	maleward	OT	Sridevi - 0041
8/5/24	4:45PM	OT	SICU	mani - 0003
8/5/24	9pm	SICU	M/W	Kumari 0011

OPERATION THEA TRE

Date	:	8/5/23	OT No.	:	I.
Surgeon	:	Dr. mani kanta	Start Time	:	3:30pm
I Asst. Surgeon	:	-	End Time	:	4:10PM
II Asst. Surgeon	:	-	Dis. Pack	:	-
III Asst. Surgeon	:	-	Diathermy	:	-
Anaesthetist	:	Dr. Sandeep	C-Arm	:	3:40pm to 3:50pm
OT Nurse	:	Karuna.	Arthroscopy	:	-
Name of Surgery	:	URSL DJ stent	Laproscopy	:	-
			Sevoflurane / Isoflurane	:	-
			Inj. Fentanyl	:	-
			Others	:	-

MONITOR

Date	Start	Date	Disconnect
8/5/24.	4:39pm	8/5/24	9pM

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	:

Date	LABORATORY
4/5/24	HB, ESR, blood grouping, CT, BT, bloodurea, Sr.creatine, RBS, Total billirubin, viral markers.

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

4/5/24	ECG		
4/5/24	Chest x-Ray		
11/5/24	U/S abdomen, KUB X-Ray		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR.J. manikantan.	8/5/24						

PHARMACY

OT DRUGS REPLACED :

BILL CLEARED :

RETURNS CHECKED :

OT CONS + 1373
Medicines + 3143
IMPLANTS + NO
4516 00.25

AMBULANCE

Transport - 50/-

Other Procedures : (specify) :-

14 Folye's Catheter done at 4pm in OT 8/5/24

Folye's catheter removed at 4:00pm 9/5/24

Admission Officer :

P. Vardhini (0890)
Sister In-charge