

**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/2024/1/04408590

Date : 22/05/2024 15:13:44

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Nakka Suryakantam (the patient) on 11/05/2024 10:51:37 having Health/White/TAP/RAP card no. **WAP044002400255/01** and belonging to district **EAST GODAVARI**, suffering from **SPINAL** having given consent for **Spine - Canal Stenosis (S10.2.15)** surgery/therapy is hereby **AUTHORISED** to undertake the procedure/treatment subject to the maximum package rate of **40000** 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: 12-May-2024 10:45 AM**

Seal :

**BILLING CARD**

A/S pack age 40,000/-
 DOD-22/5/24
 D.O.A. 10/5/24 Time 6:57 PM

Patient Name Nalla. Surjaantham; 63/f

IP No. 215

Δsis'-L5-S, Canal stenosis

Room No. Female General Ward

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
10/5/24	2:15pm	EMR	FEMALE WARD	Chait 0001
15/5/24	4:15pm	Flw	OT	Chait 0092
15/5/24	7:00pm	OT	SICU	mami 0003
16/5/24	9 AM	SICU	Flw	Sigaul 0085

OPERATION THEA TRE

Date :	15/5/24	OT No. :	I.
Surgeon :	Dr. Satyamarayana	Start Time :	5 pm.
Asst. Surgeon :	-	End Time :	6:50 pm
II Asst. Surgeon :	-	Dis. Pack :	-
III Asst. Surgeon :	-	Diathermy :	5:30pm to 6:30 pm.
Anaesthetist :	Dr. Kusuma	C-Arm :	5:25pm to 5pm.
OT Nurse :	Padma	Arthroscopy :	-
Name of Surgery :	Laminectomy	Laproscopy :	-
		Sevoflurane / Isoflurane :	-
		Inj. Fentanyl :	-
		Others :	-

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
15/5/24	7pm	16/5/24	9 AM				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
15/5/24	7pm	16/5/24	7 AM				

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]

10/5/24

CBC, RBS, RFT, T. Biliirubin, Blood Creatinine,
VIRAL, CT, BT, Ser. Creatinine, Blood Urea

$$\begin{array}{|c|c|c|c|} \hline 1 & 2 & 5 & 24 \\ \hline 15 & & & \\ \hline \end{array}$$

FIBs, Electrolyte, PPS

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

[illegible]

CBG				CBG			
11/5/24			11				
12/5/24	1						
13/5/24	1	1	1				
16/5/24	1	1	1				
17/5/24	1						
1							

[illegible]

NEBULIZER				NEBULIZER			
10/5/29		1	1	17/5/24	1		1
11/5/24	1	1	1+1	18/5/24	1	1	
12/5/29	1	1	1+1	19/5/24	1	1	
13/5/24	1	1	1+1	20/5/24	1		1
14/5/24	1	1	1+1	21/5/29	1		
15/5/24	1	1	1+1				
16/5/24	1	1	1+1				

