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/2024/1/04408589

Date : 17/05/2024 11:00:56

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Valapadasu Polaraju (the patient) on 10/05/2024 10:53:28 having Health/White/TAP/RAP card no. **YAP0483086A0273/02** and belonging to district **EAST GODAVARI**, suffering from **URSL AND DJ STENTING** 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: 12-May-2024 09:06 AM

Seal :

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

A/s → 272851/-

Patient Name mr:- Valapadasu polaraju

DOD → 17/5/24

D.O.A. 9-5-24 Time 8:12 PM

IP No. 211

Dsis:- L7 sacral caleilee.

Room No. male ward

Rent Per Day U

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
9/5/24	9:30PM	EMR	M/W	D. Tulasi (0005)
15/5/24	1.50 pm	M/w	OT	Vandhini (0090)
15/5/24	3:30PM	OT	SICU	Mani 0003
15/5/24	10:00pm	S.I.C.U.	M/W	Kalyani 0029.

OPERATION THEA TRE

Date	: 15/5/24.	OT No.	: I.
Surgeon	: Dr. Manikanta.	Start Time	: 3PM
I Asst. Surgeon	: -	End Time	: 3:30 PM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: Dr. Sandeep	C-Arm	: 3:20pm to 3:30pm
OT Nurse	: Karuna.	Arthroscopy	: -
Name of Surgery	: URSL DJ stunt	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: -
		Others	: -

MONITOR

Date	Start	Date	Disconnect
15/5/24	3.30PM	15/5/24	10:00pm

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
9/5/24	CBC, CT, BT, viral markers, RBS, Total Bilirubin, Sr. creatine, blood urea, BGT

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

9/5/24	ECG, chest X-ray		
17/5/24	KUB X-ray, U-S (abdomen OUTSIDE)		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. manikantan sir (urologist)	16/5/24	17/5/24					

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	OT CONSUMABLE + 1451	Transport - 50/-
BILL CLEARED :	MEDICINES + 3163	
RETURNS CHECKED :	4614 0023	

Other Procedures : (specify) :-

14 Folye's catheter done at in OT at 3pm (15/5/24)

17/5/24 at 2pm 14 Foley's removed.

Admission Officer : D. Attd 0096

J. Ratna NS P. Vardhini (0090)
Sister In-charge