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/2024/1/04408591

Date : 17/05/2024 10:51:59

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which ha admitted Mr/Ms Chakka Bhaskararao (the patient) on 10/05/2024 10:33:00 having Health/White/TAP/RAP card nc **WAP0407102A0049/01** and belonging to district **EAST GODAVARI**, suffering from **URSL+DJ STENTING** having given consent fo **Dj Stent -One Side (S9.3.6) ,ursl (S9.3.4)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subje 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 09:03 AM

Seal :

BILLING CARD

A/S -) 272351 —

Patient Name: mr. Chakka Bhaskarao
DOD - 17/5/24
D.O.A. 9-5-24 Time 8:28pm

IP No. 212

Dsis:- Lt renal calculi

Room No. male General ward

Rent Per Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
9/5/24	9:40PM	EMR	Male ward	D.Tulasi (0045)
15/5/24	3:15PM	M/W	OT	Vardhini (0090)
15/5/24	4 pm	OT	SICU	mani 0003
15/5/24	10:00pm	S.I.C.U.	M/W	Kalyani 0029

OPERATION THEATRE

Date :	15/5/24	OT No. :	I
Surgeon :	Dr. mani kanta	Start Time :	3:30pm
I Asst. Surgeon :	–	End Time :	4pm
II Asst. Surgeon :	–	Dis. Pack :	–
III Asst. Surgeon :	–	Diathermy :	–
Anaesthetist :	Dr. Sandeep.	C-Arm :	3:50pm to 4pm
OT Nurse :	Karuna	Arthroscopy :	–
Name of Surgery :	URSL DJ stunt	Laproscopy :	–
		Sevoflurane / Isoflurane :	–
		Inj. Fentanyl :	–
		Others :	

MONITOR / INFUSION PUMP

MONITOR Date	Start	Date	Disconnect	INFUSION PUMP Date	Start	Date	Disconnect
15/5/24	4pm	15/5/24	10:00pm				

OXYGEN / SYRINGE PUMP

OXYGEN Date	Start	Date	Disconnect	SYRINGE PUMP Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP / VENTILATOR

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, Sr. creatine RBS, Total Bilirubin, BGTT, Bloodurea

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

9/5/24	Chest X-ray, ECG		
17/5/24	KUB X-ray, U-S abdomen	(out side)	

CBG

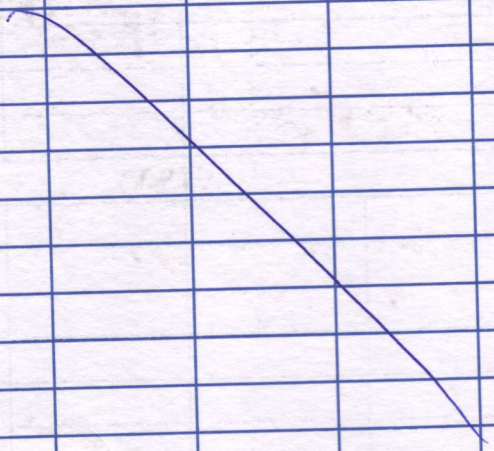
CBG

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 CONSUMBLE + 1444	
BILL CLEARED : MEDICINE + 3014	Transport - 70/-
RETURNS CHECKED : 4458 TB 0023	

Other Procedures : (specify) :-

14 Foley's catheter done at 4PM OT

14 Foley's catheter removed at 2pm (17/5/24)

Admission Officer : D. Addl 0096

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