

**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/2024/1/04409062

Date : 20/05/2024 10:50:19

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Kondepudi Sattiraju (the patient) on 14/05/2024 01:34:22 having Health/White/TAP/RAP card no **WAP0435030A0214/02** and belonging to district **EAST GODAVARI**, suffering from **FRACTURE RIGHT DISTAL END RADIUS** having given consent for **Diaphyseal Fracture - ORIF or CRIF - Nailing Or Plating (S5.1.9)** surgery/therapy is hereby **AUTHORISED** to undertake the procedure/treatment subject to the maximum package rate of **35500** 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: 14-May-2024 09:33 PM

Seal :

A/s

MH/ PRINT / 0007 / BILL / FO



BILLING CARD

A/s → 35,500/-

Patient Name Kondepudi. Satti Raju

DOD - 20/5/24

D.O.A. 14/05/24 Time 2:36 pm

IP No. 221

A/s - (R) Distal Radius

Room No. Male general ward

Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
14/5/24	3pm	End	Male ward	P. Sandhya 0017
16/5/24	11 Am	M/W	OT	Vandana (0090)
16/5/24	12:40pm	OT	SICU	manj 0003
16/5/24	4pm	SICU	m/w	Veera lakshmi 0097

OPERATION THEA TRE

Date	:	16/5/24	OT No.	:	I.
Surgeon	:	Dr. suryaprasad	Start Time	:	11:10 AM
I Asst. Surgeon	:	-	End Time	:	12:30 PM
II Asst. Surgeon	:	-	Dis. Pack	:	-
III Asst. Surgeon	:	-	Diathermy	:	11:15 AM to 12:1 PM
Anaesthetist	:	Dr. Sandeep	C-Arm	:	11:15 AM to 11:50 AM
OT Nurse	:	padma	Arthroscopy	:	-
Name of Surgery	:	(R) Radius plating	Laprosopy	:	-
			Sevoflurane / Isoflurane	:	-
			Inj. Fentanyl	:	-
			Others	:	-

MONITOR

Date	Start	Date	Disconnect
16/5/24	12:40 PM	16/5/24	4 PM

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 :

LABORATORY

CBC, CT, BT, BGT, RBS, Blood urea, T. B. P. / sub. / in, go. Creatinine, VRS / mask / GS.

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

14/5/24 ECG Chest X-ray ✓
 20/5/24 Rt wrist A/P LAT ✓

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

