

**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/2024/1/04410510

Date : 23/05/2024 10:51:18

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Jaami Sivadurga (the patient) on 17/05/2024 11:48:44 having Health/White/TAP/RAP card no. **WAP0423030A0022/0** and belonging to district **EAST GODAVARI**, suffering from **IMPLANT REMOVAL** having given consent for **Removal of implant plates and nail (S5.8.1)** surgery/therapy is hereby **AUTHORISED** to undertake the procedure/treatment subject to the maximum package rate of **17600** 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: 18-May-2024 06:53 AM

Seal :



BILLING CARD

Patient Name Jaami. Sivadurga; 19/MIP No. 223Room No. Male general ward

D.O.D - 23/5/24

D.O.A. 13/5/24 Time 12:16 PM

"A" ~~355~~ - Implant Removal @ Ankle

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
17/5/24	1 pm	EMR	Male ward	P. Sandya 0017
20/5/24	11:00 AM	male ward	OT	A. Sridevi 0041
20/5/24	12:30 pm	OT	STCU	namini 0003
20/5/24	6 pm	STCU	m/w	Kumari 0011

OPERATION THEA TRE

Date	: 20/5/24	OT No.	: I
Surgeon	: Dr. Suryaprasad	Start Time	: 11:20 AM
I Asst. Surgeon	: -	End Time	: 12:15 pm
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: 11:20 AM to 12 pm
Anaesthetist	: Dr. Sandeep	C-Arm	: 11:30 AM to 11:45 AM
OT Nurse	: padma	Arthroscopy	: -
Name of Surgery	: Implant Removal	Laprosocopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: ✓
		Others	: -

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
20/5/24	12:40 pm	20/6/24	6 pm				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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 :

LABORATORY

[illegible]

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

17/5/24 ECG, chest x-ray ✓
 03/5/24 LT Ankle LAT ✓

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

