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/2024/1/04413371

Date : 30/05/2024 10:53:15

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Doddi Ammaji (the patient) on 23/05/2024 01:13:04 having Health/White/TAP/RAP card no. **PAP048601700020/02** and belonging to district **EAST GODAVARI**, suffering from **PCNL AND DJ STENTING** having given consent for **Dj Stent -One Side (S9.3.6) ,PCNL (S9.3.2)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subject to the maximum package rate of **40330** 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: 24-May-2024 06:02 PM

Seal :

A/c -40330

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Asis : Rt PUJ Calculus

Patient Name Doddi Ammaji ; 45/F D.O.A. 23/5/24 Time 2:53PM

DoD → 30/5/24

IP No. 237

Room No. Female general ward Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
23/5/24	3pm	EMR	Female ward	P. Sandya 0017
28/5/24	9 AM	P/W	OT	P. Vardhini
28/5/24	10:15AM	OT	SICU	Mami (0003)
29/5/24	3Pm	SICU	P/W	Syaly

OPERATION THEA TRE

Date	: 28/5/24.	OT No.	: I.
Surgeon	: Dr. Manikanta.	Start Time	: 9:15AM
I Asst. Surgeon	: -	End Time	: 10:AM.
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: Dr. Sandeep	C-Arm	: 9:15AM to 9:40AM
OT Nurse	: Karuna	Arthroscopy	:
Name of Surgery	: (Rt) PCNL DJ Stent	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: -
		Others	: -

MONITOR

Date	Start	Date	Disconnect
28/05/24	10:30	28/5/24	3pm

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
23/5/24	CBC, CT, BT, BGT. T. Bilirubin, Blood urea

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

23/5/24	ECG, chest x-ray
23/5/24	2decho
30/5/24	post op x-Ray - KUB

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Manikandan (Urology)	27/5/24	28/5/24	29/5/24	30/5/24			

PHARMACY		AMBULANCE
OT DRUGS REPLACED : —		
BILL CLEARED :	CONS:-1875/- MED:-3281/- Rs 5,156/-	Transport - 1000
RETURNS CHECKED :		

Other Procedures : (specify) :-

28/5/24 14 Folyes catheter done at 10:AM in OT

28/5/24 Folyes drain done at 10:AM.

29/5/24 - folyes remove done at 7:00 pm

30/5/24 - Folys drain Removed at 11.30 AM

A. Sridevi
0041

Admission Officer :

Sister In-charge