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/KKD/2024/1/6228907/01

Date : 01/06/2024 11:20:56

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms KARRI ANJAMMA (the patient) on 27/05/2024 03:23:12 having Health/White/TAP/RAP card no. **YAP043601500354/01** and belonging to district **KAKINADA**, suffering from **URSL AND DJ STENT** 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: 27-May-2024 08:44 PM

Seal :

BILLING CARD

Δsis: (R) Ureteric calculu
A/s → 27285

Patient Name K. Anjamma
D.O.A. 27-5-24 Time 4:22 PM
DOD 01-06-24
IP No. 246
Room No. Female ward
Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
27/5/24	4:30 PM	OPD	FW	Asha 93
30/5/24	8.45 AM	FW	OT	Asha 93.
30/5/24	9:40 AM	OT	SICU	mani 0003.
30/5/24	12:00pm	SICU	FW	mani 0669

OPERATION THEA TRE

Date	:	30/5/24.	OT No.	: I.
Surgeon	:	Dr. Manikanta	Start Time	: 9:AM
I Asst. Surgeon	:	-	End Time	: 9:40 AM
II Asst. Surgeon	:	-	Dis. Pack	: -
III Asst. Surgeon	:	-	Diathermy	: -
Anaesthetist	:	Dr. Sandeep.	C-Arm	: 9:10AM to 9:20 AM
OT Nurse	:	Karuna	Arthroscopy	: -
Name of Surgery	:	(Rt) URSL DJ stent.	Laproscopy	: -
			Sevoflurane / Isoflurane	: -
			Inj. Fentanyl	: -
			Others	: -

MONITOR

Date	Start	Date	Disconnect
30/5/24.	10:00AM	30/5/24	4:00pm

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
27/5/24	CBC, ESR, CT, BT, Blood urea, total Bilirubin.

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

23/5/24	ECG, chest x-ray
23/5/24	2D-Echo Screening
1/6/24	post-op-x-Ray KUB
1/6/24	U/S abdomen

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. manikanta	29/5/24	30/5/24	1/6/24				

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	MEDICINES + 3143	Transport ⇒ 100/-
BILL CLEARED :	RETURN + -63	
RETURNS CHECKED :	OTCONS + + 1276	
	4356	

Other Procedures : (specify) :-

30/5/24. (14) folyes catheter done at 9:30AM. in OT

1/6/24 foly's catheter Removed at 7:04 Am.

Admission Officer : R. Vinod Kumar

P. Vardhini (0090)
Sister In-charge