

**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/2024/1/04415407
Date : 03/06/2024 11:45:28

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Paliseti Vishnu Durga Rao (the patient) on 29/05/2024 11:52:15 having Health/White/TAP/RAP card no. **WAP048300100376/03** and belonging to district **EAST GODAVARI**, suffering from **FRACTURE HUMERUS RIGHT** 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: 29-May-2024 03:37 PM

Seal :

**BILLING CARD**

A/S -35500/-

MH/PRINT/0007/BILL/FO

Patient Name Paliseti .Vishnu Durgarao; 33/MD.O.A. 29/5/24 Time 12:45 PMIP No. 253WGS 2 RP Metatarsal #Room No. Male general wardRent Per Day RP Humerus #**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
29/5/24	1 pm	ER	Male ward	P. Sandya SD/7
30/5/24	11:55 AM	m/w	OT	Ashu 93
30/5/24	2:30 PM	OT	SICU	mami 0003
30/5/24	5 pm	SICU	male ward	Keemari 004

OPERATION THEA TRE

Date	: 30/5/24	OT No.	: T
Surgeon	: Dr. srinubabu	Start Time	: 1: pm
Asst. Surgeon	: -	End Time	: 2:30 pm
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: 1:10 pm to 2:1 pm
Anaesthetist	: Dr. sandeep	C-Arm	: 2: pm to 2:10 pm
OT Nurse	: padma	Arthroscopy	: -
Name of Surgery	: <u>RP</u> Humerus - plating	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: -
		Others	: -

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
30/5/24	2:30 pm	30/5/24	5 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 :

Date

LABORATORY

✓ 29/5/24

CBC, CT, UT, BGT, Bloodwork, Coagulation, T. Biliubin, Urals Markers, RBS.

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

29/5/24 ECG, chest x-ray
31/5/24 Rt Humerous AP.

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]