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/2024/1/04416074

Date : 03/06/2024 10:52:23

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Amalapurapu Venkatalakshmi (the patient) on 30/05/2024 11:05:16 having Health/White/TAP/RAP card no. **WAP042505300229/02** and belonging to district **EAST GODAVARI**, suffering from **FRACTURE RADIUS AND ULNA LEFT RADIUS PLATING AND STYLOID PROCESS ULNA K WIRE FIXATION** having given consent for **Fracture - Both Bones - Forearm - ORIF/CRIF -Plating (S5.1.16)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subject to the maximum package rate of **42000** 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: 30-May-2024 05:21 PM

Seal :

MH/ PRINT / 0007 / BILL / FO

A/S -

BILLING CARD

A/S → 42000/-

Patient Name Amalapuraapu. Venkatalakshmi; 42/F DOD- 3/6/24 D.O.A. 30/5/24 Time 10:39 AM

IP No. 256

"A" SPOS- (LP) Distal Radius

Room No. Female general ward Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
30/5/24	11AM	EMR	Female ward	T. Sandhya 0017 Chmb
31/5/24	11:40AM	FW	OT	
31/5/24	1 PM	OT	SICU	mani 0003
31/5/24	3pm.	SICU	FW	Uma-0043

OPERATION THEA TRE

Date	:	31/5/24	OT No.	:	I.
Surgeon	:	Dr. Suryaprasad	Start Time	:	12PM
I Asst. Surgeon	:	-	End Time	:	12:50pm
II Asst. Surgeon	:	-	Dis. Pack	:	-
III Asst. Surgeon	:	-	Diathermy	:	12:15pm to 12:30pm
Anaesthetist	:	Dr. sandeep	C-Arm	:	12:15pm to 12:30pm
OT Nurse	:	padma	Arthroscopy	:	-
Name of Surgery	:	(LP) Radius plating	Laproscopy	:	-
			Sevoflurane / Isoflurane	:	-
			Inj. Fentanyl	:	-
			Others	:	

MONITOR

Date	Start	Date	Disconnect
31/5/24	1:00pm	31/5/24	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
30/5/24	CBC, CT, BT, BGT, RBS. Blood urea, Creatinine, T. Bilirubin, Viral Markers.
31/5/24	RBS.

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

30/5/24	ECG, chest x-ray		
31/5/24	LT WRIST AP/LAT		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Suryaprasad (Orthopedic)	30/5/24	31/5/24	1/6/24	2/6/24	3/6/24		

PHARMACY

OT DRUGS REPLACED :
BILL CLEARED :
RETURNS CHECKED :

OT CONSUMABLE + 1503
MEDICINE + 1597
IMPLANT + 3100
6200

AMBULANCE

Transport - 1000

Other Procedures : (specify) :-

1/6/24 - Dressing done (medium)

3/6/24 dressing done at (medium)

Admission Officer : R. Vinod Kumar

P. Vandhini (0090)
Sister In-charge