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/2024/1/04417345

Date : 10/06/2024 11:10:14

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Dasari Surendra (the patient) on 03/06/2024 01:30:21 having Health/White/TAP/RAP card no. **WAP043503800244/03** and belonging to district **EAST GODAVARI**, suffering from **FRCTURE FEMUR** having given consent for **Distal femur Fracture - ORIF/CRIF (S5.1.17)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subject to the maximum package rate of **40000** 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: 03-Jun-2024 06:08 PM

Seal :

Authorised Signatory

(Dr. YSR Aarogyasri Health Care Trust)

Trust Doctor

Name : Trust doctor (Dr. YSR Aarogyasri Health Care Trust)
Date: 04-Jun-2024 08:21 AM

Seal :

A/s

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

A/s → 40,000/-

Patient Name Dasari · Surendra D.O.A. 02/06/24 Time 1:54 Am

IP No. 260 (IF ~~RIGHT~~ ~~#~~ Distal Femur) POD: 10/6/24

Room No. Male general ward Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
2/6/24	~~2:00 AM~~	EMR	MALE WARD	Charan
6/6/24	10:Am.	MW	OT	Sarah
6/6/24	12:45pm	OT	SICU	mani 0003
6/6/24	6pm	SICU	MW	veeralakshmi

OPERATION THEA TRE

Date	:	6/6/24	OT No.	:	IF
Surgeon	:	Dr. suryaprasad	Start Time	:	10:30 Am
I Asst. Surgeon	:	-	End Time	:	12:30 pm
II Asst. Surgeon	:	-	Dis. Pack	:	-
III Asst. Surgeon	:	-	Diathermy	:	10:45 Am to 12 pm
Anaesthetist	:	Dr. Sandeep mani	C-Arm	:	10:45 Am to 12:15 pm
OT Nurse	:		Arthroscopy	:	-
Name of Surgery	:	(18) distal femur plating	Laproscopy	:	-
			Sevoflurane / Isoflurane	:	-
			Inj. Fentanyl	:	-
			Others	:	-

MONITOR

Date	Start	Date	Disconnect
6/6/24	12.35pm	6/6/24	6 pm

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

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

2/6/24	ECG.		
8/6/24	Knee Ap/LAT		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. N.S. PRASAD (ORTHO SURGEON)	2/6/24	3/6/24	4/6/24	6/6/24	7/6/24	8/6/24	9/6/24

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	Transport ⇒ 100/-
BILL CLEARED : Implant - 14904, Consum - 3721	
RETURNS CHECKED : MED - 2002, TOTAL = 20627 10/6/24	

Other Procedures : (specify) :-

6/6/24 IH Romovac drain done. 12:30pm

8/6/24 Dressing done 11:00Am.

8/6/24 Drain Removed 11:10Am.

10/6/24 Dressing done at 11 Am

Admission Officer : R. Vinod Kumar

P. Vardhini (0090)
Sister In-charge