

**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/2024/1/04417344

Date : 12/06/2024 10:36:32

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Inaparthi Sitamahalakshmi (the patient) on 03/06/2024 12:55:39 having Health/White/TAP/RAP card no. **WAP040902700693/04** and belonging to district **EAST GODAVARI**, suffering from **FRACTURE IC** having given consent for **Neck Femur - ORIF Intertrochanteric / Sub Trochanteric Fracture with Dynamic Hip Screw or PFN (S5.1.44)** surgery/therapy is hereby **AUTHORISED** to undertake the procedure/treatment subject to the maximum package rate of **28800** 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: 04-Jun-2024 12:04 PM

Seal :

**BILLING CARD**

A/s → 288001-

Patient Name Inaparthi Sita Maha Lakshmi

000-12/6/24

D.O.A. 02/06/24 Time 3:59 PM

IP No. 262

Dsis: (R+) Hip #

Room No. Female general ward

Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
2/6/24	5 PM	EMR	FLW	D. Tulagi (0045)
6/6/24	12:30 pm	FLW	SICU	Vandani (0090)
6/6/24	3:30 pm	SICU	f/w	Syemla 0088
7/6/24	1:45 pm	Female ward	OT	A. Sudani - 0041
7/6/24	6 PM	OT	SICU	Mami - 0003
8/6/24	10 AM	SICU	203 room	Uma - 0043

OPERATION THEA TRE

Date	: 7/6/24	OT No.	: I
Surgeon	: Dr. Stimubabu	Start Time	: 2:30 pm
Asst. Surgeon	: -	End Time	: 5:45 pm
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: 2:40 pm to 4 pm
Anaesthetist	: Dr. Sandeep	C-Arm	: -
OT Nurse	: Karuna. Mami	Arthroscopy	: -
Name of Surgery	: (R) Amp	Laproscope	: -
	: (Adenocarcinoma of the	Sevoflurane / Isoflurane	: -
	: - phall)	Inj. Fentanyl	: -
		Others	: -

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
6/6/24	12:30 pm	6/6/24	3:35 pm				
7/6/24	6 PM	8/6/24	10 AM				

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 :

LABORATORY

[illegible]

[illegible]

