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/2024/1/04417347

Date : 06/06/2024 11:23:54

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Narendra (the patient) on 03/06/2024 02:43:00 having Health/White/TAP/RAP card no. **WAP043704400226/03** and belonging to district **EAST GODAVARI**, suffering from **IMPLANT REMOVAL** having given consent for **Removal of implants plates and nail (S5.8.1)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subject to the maximum package rate of **17600** 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 06:10 PM

Seal :

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

A/S → 17600 /-
DOD → 6/6/24

Patient Name: Kakara Narendra
D.O.A. 03/06/24 Time 3:31 PM

IP No. 263

Room No. Male general ward
Rent Per Day: "Rs 990/- (Rt) Implant Removal

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
3/6/24	3pm	EMR	Male ward	P. Sandya 0011
4/6/24	11:45AM	MLW	OT	Ashe 93
4/6/24	12Pm	OT	SICU	mani 0003
4/6/24	3.30pm	SICU	MLW	veeralakshmi

OPERATION THEATRE

Date :	4/6/24	OT No. :	I
Surgeon :	Dr. suryaprasad	Start Time :	12pm
I Asst. Surgeon :	–	End Time :	12:30pm
II Asst. Surgeon :	–	Dis. Pack :	
III Asst. Surgeon :	–	Diathermy :	12:15pm to 12:30pm
Anaesthetist :	Dr. Sandeep.	C-Arm :	12:20pm to 12:30pm
OT Nurse :	karuna	Arthroscopy :	–
Name of Surgery :	(Rt) Radius plate Removal	Laproscopy :	–
		Sevoflurane / Isoflurane :	–
		Inj. Fentanyl :	–
		Others :	–

MONITOR

Date	Start	Date	Disconnect
4/6/24	12:10PM	4/6/24	3.30pm

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

3/6/24	ECG, Chest x-ray		
6/6/24	Wrist PA		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Surya Prasad	3/6/24	4/6/24	5/6/24	6/6/24			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : OT CONS + 1019 BILL CLEARED : MEDICINES + 1466 RETURNS CHECKED : 2485	Transport - 100/-

Other Procedures : (specify) :-

dressing done at 12 pm 6/6/24

Admission Officer :

P. Vardhini (0090)
Sister In-charge