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/KKD/2024/1/6229484
Date : 17/06/2024 10:48:22

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms DASARI SRINIVASARAO (the patient) on 11/06/2024 04:13:34 having Health/White/TAP/RAP card no. **RAP040802605414/01** and belonging to district **KAKINADA**, suffering from **FRACTURE RADIUS** having given consent for **Distal Radius Fracture - Forearm (S5.1.22)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subject to the maximum package rate of **25000** 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: 12-Jun-2024 03:16 PM

Seal :

BILLING CARD

A/S → 25000

Patient Name Mr: D. Srinivas Rao D.O.A. 11-6-24 Time 4:32 PM

IP No. 268 A: (RA) Radius # DOD-17-6-24

Room No. male ward Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
11/6/24	5:00pm	EMR	MALE WARD	Chaitanya
13/6/24	10.15 Am	M/w	OT	Vandhana (0090)
13/6/24	11:30AM	OT	ST(W)	mani 0003
17/6/24	2pm	SICU	M/W	Syed 0087

OPERATION THEA TRE

Date	:	13/6/24	OT No.	:	I
Surgeon	:	DR. Suryaprasad	Start Time	:	10:15 AM
I Asst. Surgeon	:	-	End Time	:	11:30 AM
II Asst. Surgeon	:	-	Dis. Pack	:	-
III Asst. Surgeon	:	-	Diathermy	:	10:30 AM to 11 AM
Anaesthetist	:	Dr. Sandeep	C-Arm	:	10:40 AM to 11:AM
OT Nurse	:	Kavuona	Arthroscopy	:	-
Name of Surgery	:	(RA) Radius plating	Laproscopy	:	-
			Sevoflurane / Isoflurane	:	-
			Inj. Fentanyl	:	-
			Others	:	-

MONITOR

Date	Start	Date	Disconnect
13/6/24	11:30 Am	13/6/24	2pm

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-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
17/6/24	Rt wrist AP / LAT		

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. M. S. PRASAD (ORTHO SURGEON)	11/6/24	12/6/24	13/6/24	14/6/24	15/6/24	16/6/24	
	17/6/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : –	Transport => 50/–
BILL CLEARED : MED:-1818/- CONS:-1565/- Impla:-2385/- Rs 5,768/-	
RETURNS CHECKED : Nav PSS 17/6/24.	

Other Procedures : (specify) :-

dressing done at 11.15 Am @ 15/6/24

dressing done at 12.15 pm @ 17/6/24.

Admission Officer :

P. Vardhini (0090)
Sister In-charge