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/2024/1/04420949

Date : 17/06/2024 11:08:23

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Yanamala Edukondalu (the patient) on 12/06/2024 11:14:53 having Health/White/TAP/RAP card no. **WAP040703800170/02** and belonging to district **EAST GODAVARI**, suffering from **FRACTURE ELBOW** having given consent for **Plating olecrenon fracture, ulna (SB011A)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subject to the maximum package rate of **19800** 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 03:10 PM

Seal :

BILLING CARD

A/S → 19800

Patient Name mr: y. ~~yedu~~ Chinna yedukondalu D.O.A. 11-6-24 Time 5:29pm

IP No. 269 Δ: (RT) ELBOW ~~#~~ 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	~~CMR~~	M/W	Chandrakala
13/6/24	11.15Am	M/W	OT	Vardhini (0090)
13/6/24	12:45pm	OT	SICU	mani 0003
13/6/24	3:00pm.	SICU	M/W	mani 0069

OPERATION THEATRE

Date	: 13/6/24.	OT No.	: I
Surgeon	: Dr. Suryaprasad	Start Time	: 12:pm
I Asst. Surgeon	: -	End Time	: 12:45 pm
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: 12:10pm to 12:30pm
Anaesthetist	: Dr. Sandeep	C-Arm	: 12:10pm to 12:30 pm
OT Nurse	: mani	Arthroscopy	: -
Name of Surgery	: (Rt) elbow fixation	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: -
		Others	: -

MONITOR

Date	Start	Date	Disconnect
13/6/24	12:45Pm	13/6/24	3:00Pm

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

11/6/24	ECG - Chest X-Ray		
11/6/24	Rt Elbow Joint AP/LAT		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. N.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

OT DRUGS REPLACED : —

BILL CLEARED : MED:- 1845/-
CONS:- 1281/-

RETURNS CHECKED : Impl :- 150/-

Nov 16/6/24.

AMBULANCE

Transport => 100/-

Other Procedures : (specify) :- Rs 3276/-

dressing done at 11 Am @ 15/6/24

dressing done at 12 pm @ 17/6/24

Admission Officer :

Sister In-charge

P. Vardhini (00 90)