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/2024/1/04423010

Date : 20/06/2024 10:24:50

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Seelamanthula Hyima Sowbhagya (the patient) on 17/06/2024 12:02:33 having Health/White/TAP/RAP card no. **WAP048600400480/04** 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: 17-Jun-2024 06:58 PM

Seal :

A/s

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

A/s → 17600

DD - 20/06/24

Patient Name S. Hyma Sowbagya

D.O.A. 17-06-24 Time 1:47 PM

IP No. 281

Dsis:- (Lt) hand wrist implant removal.

Room No. Female general ward

Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
17/6/24	3PM	EMR	Female ward	D. Tulasi ward
18/6/24	9:30 Am	F/w	OT	Vardhini 0090
18/6/24	10:15 AM	OT	STCU	Mani 0003
18/06/24	1:00pm	STCU	F/W	Mani 0064

OPERATION THEA TRE

Date	: 18/6/24	OT No.	: T
Surgeon	: Dr. suryaprasad	Start Time	: 9:50 AM
I Asst. Surgeon	: —	End Time	: 10:10 AM
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: 9:50 AM to 10 AM
Anaesthetist	: Dr. sandeep	C-Arm	: 9:55 AM to 10:00 AM
OT Nurse	: Mani	Arthroscopy	: —
Name of Surgery	: (LP) Radius plate Removal	Laproscopy	: —
		Sevoflurane / Isoflurane	: —
		Inj. Fentanyl	: —
		Others	: —

MONITOR

Date	Start	Date	Disconnect
18/06/24	10:40AM	18/06/24	1:00pm

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
4/6/24	Hbt., viral markers (Paid in O.P)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
17/6/24	chest X-ray, ECG, (Lt) wrist ~~fx~~ X-ray		
20/6/24	Lt wrist AP/LAT		

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Surya Prasad Sir (Orthopidic)	17/6/24	18/6/24	19/6/24	20/6/24			

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	Transport - 1000
BILL CLEARED : Con - 1158, Med - 1365, 2523	
RETURNS CHECKED : Nag 20/6/24	

Other Procedures : (specify) :-

=> Dressing done on - 19/6/24 - Small

=> Dressing done at 11.30Am @ 20/6/24 (Small)

Admission Officer :

P. Vardhini (0090)
Sister In-charge