

**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/2024/1/6229631
Date : 20/06/2024 10:16:47

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Gurrula Appanna (the patient) on 17/06/2024 11:58:25 having Health/White/TAP/RAP card no. **WAP042504900397/01** and belonging to district **KAKINADA**, 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 07:00 PM**

Seal :



BILLING CARD

MH/PRINT/0007/BILL/FO

Patient Name G. Appanna 454/M
IP No: 280
Room No. male ward.

A/S → 17600/-
DOD - 20/6/24
D.O.A. 17/06/24 Time 01:27pm

As's: (It) Radius Implant Removal
Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
17/6/24	2pm	EMR	Haleenad	P. Sandeep 0017
18/6/24	10:15 AM	M/W	OT	Vardhini (0090)
18/6/24	11:30 AM	OT	STCU	mami 0003
18/06/24	1:00 PM	STCU	M/W	mami 0064

OPERATION THEA TRE

Date	: 18/6/24	OT No.	: I
Surgeon	: Dr. Suryaprasad	Start Time	: 10:30 AM
I Asst. Surgeon	:	End Time	: 11:20 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: 10:40 AM to 11:15 AM
Anaesthetist	: Dr. Sandeep	C-Arm	: 11 AM to 11:10 AM
OT Nurse	: Mami	Arthroscopy	:
Name of Surgery	: (IP) Radius plate Removal	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
18/06/24	11:40 AM	18/06/24	1:00 PM				

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 :

Date

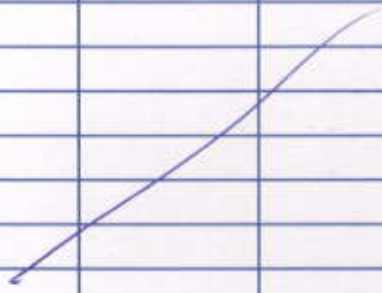
LABORATORY

17/6/24 14:15. VPSAL Moxless.

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

17/6/24 chest x-ray, ECG
 (L) Radon x-ray
 20/6/24 Lt wrist AP/LAT

CBG

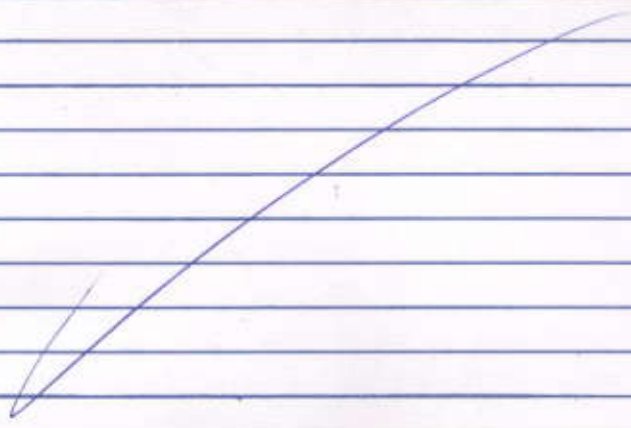


CBG



Date

PHYSIOTHERAPY



NEBULIZER



NEBULIZER



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