

**Dr. YSR Aarogyasri Health Care Trust****Dr. YSR Aarogyasri Health Care Trust**

1, MGM Capital Building, Near NRI Junction, Beside Little Village Restaurant,
Little Village Restaurant, Chinnakakani, Mangalagiri, Guntur District, Pin: 522508.
Phone No: 0863 - 2222802 / 2259861.

APPROVAL FOR CASHLESS FACILITY

Claim No: TRUST/EGI/2024/1/04423344

Date: 18/06/2024 10:54:37

The patient (Name: **Vepe Babji**) INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD Code SIO-KKD which has
admission on 17/06/2024 05:02:02 having Health/White/TAP/RAP card no. **YAP040600500340/02** and
below mentioned diagnosis: **AVARI**, suffering from **INTRA AARTICULAR FRACUTRE LATERAL CONDYLE LEFT TIBIA PLAN**
PLAN LATERAL CONDYLE having given consent for **Diaphyseal Fracture - ORIF or CRIF - Nailing Or Plating (S5.1.9)**
surgeon's fee is **32900** (ORISED) to undertake the procedure/treatment subject to the maximum package rate of **32900** and
send the bill for the above patient for discharge.

Authorised Signature:

(Panel Doctor)

Panel Doctor:

Name: Dr. YSR Aarogyasri

Health: Trust

Date: 18/06/2024 10:54:37

Seal:

A/S

MH/ PRINT / 0007 / BILL / FO



BILLING CARD

A/s → 32900

D.O.D - 25/6/24 -

D.O.A. 17/06/24 Time 05:19 PM

Patient Name VERU. Babzi 28y/mIP No. 282Room No. wale wardLt Tibia Condyle #
Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
17/6/24	6pm	ENR	Male ward	P. Sandeep 08/7
19/6/24	10:15 AM	male ward	OT	Sridhar - 0001
19/6/24	11:50 AM	OT	STW	mami - 0003
19/6/24	4:40 PM	STW	H/W.	Uma - 0045

OPERATION THEA TRE

Date	: 19/6/24	OT No.	: 1
Surgeon	: Dr. Suryaprasad	Start Time	: 10:40 AM
I Asst. Surgeon	: -	End Time	: 12:10 PM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: 10:45 AM to 11:30 AM
Anaesthetist	: Dr. Sandeep	C-Arm	: 10:45 to 11:30 AM
OT Nurse	: mami	Arthroscopy	: -
Name of Surgery	: (LA) Tibia plating	Laprosopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: -
		Others	: -

MONITOR

Date	Start	Date	Disconnect
19/6/24	12:10 PM	19/6/24	4:40 PM

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 :

LABORATORY

[illegible]

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

17/6/24 chest x-ray, ECG
 (1) Knee x-ray
 24/6/24 2 Knee - x-ray (post-op)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

