

**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/2024/1/04423897

Date : 26/06/2024 10:29:57

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Penke Surya Ravi Teja (the patient) on 19/06/2024 11:15:06 having Health/White/TAP/RAP card no **RAP043701102147/04** and belonging to district **EAST GODAVARI**, suffering from **FRACTURE FEMUR** having given consent for **Elastic Nailing for fracture fixation - Femur or shaft Tibia (S5.1.9.1)** surgery/therapy is hereby **AUTHORISED** to undertake the procedure/treatment subject to the maximum package rate of **30000** 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: 19-Jun-2024 12:46 PM

Seal :

BILLING CARD

A/S - 30,000/-

Patient Name Penke. Surya Ran teja: 12/17

DOB - 26/6/24

D.O.A. 18/6/24

Time 6:12 PM

IP No. 286

Adm! - @P Feature #

Room No. Male general ward

Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
18/6/24	8:00 AM	ENL	M/W	Chaitanya
20/6/24	9:40 AM	M/W	OT	Vandhini (0090)
20/6/24	12 PM	OT	SIW	Mani 0003
20/6/24	5 PM	SIW	M/W	Uma - 0048

OPERATION THEA TRE

Date	: 20/6/24	OT No.	: I
Surgeon	: Dr. Srinubabu	Start Time	: 10:19 AM
I Asst. Surgeon	: -	End Time	: 11:42 AM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: 10:20 AM to 10:30 AM
Anaesthetist	: Dr. Sandeep P.	C-Arm	: 10:30 AM to 11:30 AM
OT Nurse	: Karuna	Arthroscopy	: -
Name of Surgery	: (RT) femur elastic nail	Laprosopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: -
		Others	: -

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
20/6/24	12:00 PM	20/6/24	5 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

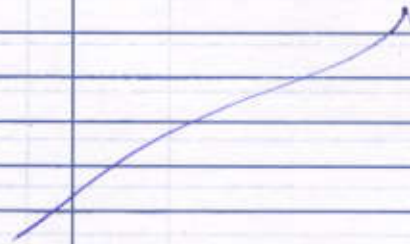
Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

[illegible]

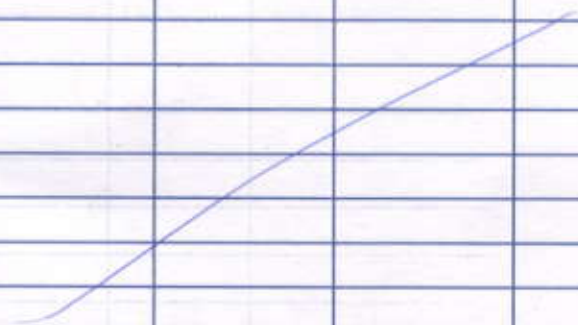
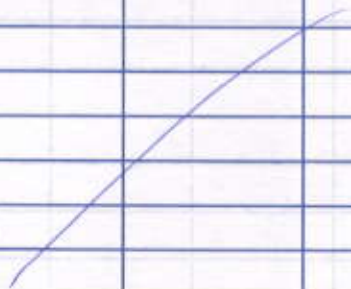
18/6/24
24/6/24

X-ray chest
(Rt) Femur $\leq$ 48 (Postop)



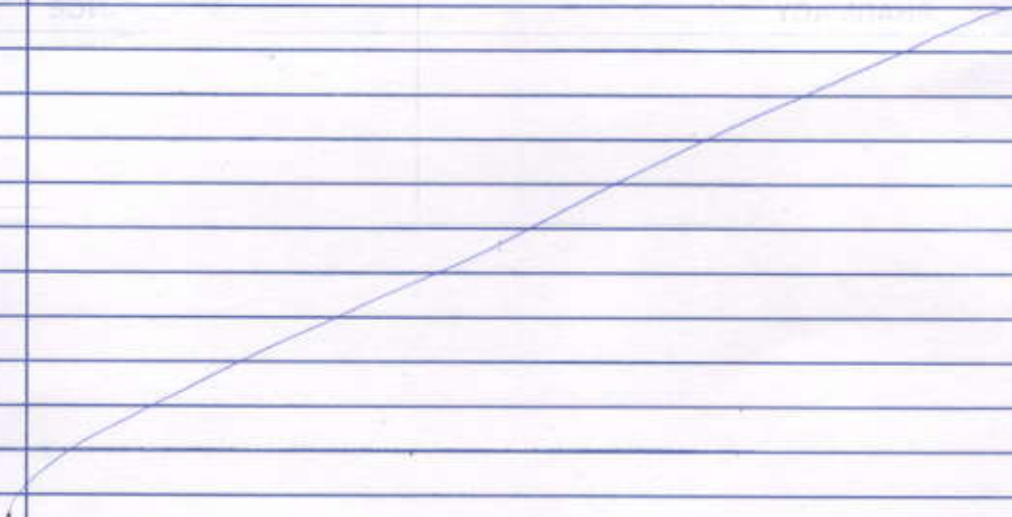
CBG

CBG



Date

PHYSIOTHERAPY



NEBULIZER

NEBULIZER

