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/2024/1/04426041
Date : 27/06/2024 10:08:17

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Langoju Srinu (the patient) on 24/06/2024 12:37:20 having Health/White/TAP/RAP card no. **WAP0489042A0256/02** 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: 24-Jun-2024 06:28 PM

Seal :

BILLING CARD

A/S → 17600

Patient Name: Mr. Langoju Srinu, 35Y/M

DOD - 27/6/24

D.O.A. 24/6/24 Time 12:49 P.M

IP No. 297

Dx: (L) Radius & Ulna Implant Removal

Room No. Male general ward

Rent Per Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
24/6/24	1Pm	EMR	101 room	P. Sandhya 8017
25/6/24	11'AM	101	OT	Sandya
25/6/24	1:00pm	OT	SICU	mani 0003
25/6/24	3:30pm	SICU	101 ROOM	[illegible] - 0045

OPERATION THEATRE

Date : 25/6/24		OT No. :	I.
Surgeon : Dr. Suryaprasad		Start Time :	11:15AM
I Asst. Surgeon : –		End Time :	12:30pM
II Asst. Surgeon : –		Dis. Pack :	–
III Asst. Surgeon : –		Diathermy :	11:30Am to 11:50pM
Anaesthetist : Dr. SandeeP		C-Arm :	11:50Am to 12pM.
OT Nurse : Karuna		Arthroscopy :	–
Name of Surgery : (L) Both Bones plate Removal		Laproscopy :	–
		Sevoflurane / Isoflurane :	–
		Inj. Fentanyl :	–
		Others :	–

MONITOR				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
25/6/24	1:00pm	25/6/24	3.30pm				

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
24/6/24,	Hb%, viral markers

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

24/6/24	ECG, chest x-ray.		
	(A) Forearm x-ray		
27/6/24	Lt FBE arm x-ray post op		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Suryaprasad	25/6/24	26/6/24	27/6/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : — BILL CLEARED : MED:- 1395/- CONS:- 1715/- Rs 3110/- (signature) OSE 27/6/24 RETURNS CHECKED :	Tour pat - 100/-

Other Procedures : (specify) :-

Dressing done at 11 Am @ 26/6/24
Dressing done at 11 Am @ 27/6/24

Admission Officer : (signature)

(signature) NS P. Vardhini (0070)
Sister In-charge