Aarogyasri Health Care Trust

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/2024/1/04426651

Date : 02/07/2024 10:31:26

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms SRIRAM (the patient) on 25/06/2024 11:48:58 having Health/White/TAP/RAP card no. **RAP041001804231/03** and belonging to district **EAST GODAVARI**, suffering from **FRACTURE TIBIA RIGHT** 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 (Aarogyasri Health Care Trust)
Date: 25-Jun-2024 07:52 PM

Seal :

Emp - 3600 /-

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

A/s -> 30,000/-

Patient Name Master. Peethala Sriram, 10y/M D.O.A. 25/6/24 Time 11:59 AM

IP No. 299

Dsis:- Rt tibia #

Room No. Male general ward

Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
25/6/24	12 pm	Reception	m/w	Cheety.
26/6/24	9:40 AM	m/w	OT	Sandhya
26/6/24	11 AM	OT	SICU	mani 0003
26/6/24	3:30 Pm	SICU	m/w	G. Vaiga.

OPERATION THEA TRE

Date	:	26/6/24.	OT No.	:	I.
Surgeon	:	Dr. suryaprasad	Start Time	:	10. AM
I Asst. Surgeon	:	-	End Time	:	11 AM
II Asst. Surgeon	:	-	Dis. Pack	:	-
III Asst. Surgeon	:	-	Diathermy	:	10:10AM to 10:20AM
Anaesthetist	:	Dr. sandeep	C-Arm	:	10:10AM to 10:40AM
OT Nurse	:	Karuna	Arthroscopy	:	-
Name of Surgery	:	(Rt) Tibia Elastic nail	Laproscopy	:	-
			Sevoflurane / Isoflurane	:	-
			Inj. Fentanyl	:	-
			Others	:	-

MONITOR

Date	Start	Date	Disconnect
26/6/24	11 AM	26/6/24	3:30 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	:

Date	LABORATORY

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

2/7/24	AS OP x-ray		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. N.S. Prasad Sir (ortho)	26/6/24	27/6/24	28/6/24	29/6/24	30/6/24	1/7/24	2/7/24

PHARMACY

OT DRUGS REPLACED :

BILL CLEARED : Imp - 3600
con - 1670
RETURNS CHECKED : Med - 2551
7821 - Nagaliji 2/7/24

AMBULANCE

Transport - 100/-

Other Procedures : (specify) :-

27/6/24 dressing done 27/6/24 at 9AM (small)
Dressing done at 12pm @ 29/6/24 (small)
Dressing done at 11Am @ 2/7/24 (Small)

Admission Officer :

Sister In-charge