

**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/2024/1/04426654

Date : 29/06/2024 10:46:26

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Jataprolu Subrahmanyam (the patient) on 25/06/2024 04:17:59 having Health/White/TAP/RAP card no **RAP040800801683/01** and belonging to district **EAST GODAVARI**, suffering from **FRACTURE RADIUS** having given consent for **Distal Radius Fracture - Forearm (S5.1.22)** surgery/therapy is hereby **AUTHORISED** to undertake the procedure/treatment subject to the maximum package rate of **25000** 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: 25-Jun-2024 07:51 PM

Seal :



BILLING CARD

A/S → 250001-

Patient Name Mr. Jotapra Subrahmanyam, 52y/M D.O.A. 25/6/24 Time 4:35 PMIP No. 300Room No. Male general wardA/S → 250001-
D.O.A. 25/6/24 Time 4:35 PM
A/S → 250001-
D.O.A. 25/6/24 Time 4:35 PM

Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
25/6/24	5pm	End	Male ward	T. Sandya 0017
26/6/24	1pm	MLW	OT	Chandha
26/6/24	12:15pm	OT	STW	mami 0003
26/6/24	3:40pm	SICU	mlw	G. V. D. G. 0053

OPERATION THEA TRE

Date	: 26/6/24	OT No.	: T
Surgeon	: Dr. Suryaprasad	Start Time	: 11:10 AM
I Asst. Surgeon	: -	End Time	: 12:00 PM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: 11:15 AM to 11:25 AM
Anaesthetist	: Dr. Sandeep	C-Arm	: 11:15 AM to 11:40 AM
OT Nurse	: mani	Arthroscopy	: -
Name of Surgery	: (L) Radius plating	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: -
		Others	: -

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
26/6/24	12:20 PM	26/6/24	9:30 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

25/6/24 CBC, CT, BT, B&T, Viral markers, Rx. Gentamicin,
T. Biliroline, RBS. Blood urea, (Surgical Profile)
96/6/24 Phs.

[illegible]

[illegible]