

**Dr NTR Vaidya Seva Trust****Dr NTR Vaidya Seva 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. : APCMCO/VZG/2024/2/03321907
Date : 16/07/2024 10:15:50

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms SRINIVAS (the patient) on 09/07/2024 11:30:13 having Health/White/TAP/RAP card no. **RAP034002501989/02** and belonging to district **VISHAKHAPATNAM**, suffering from **NON UNIOIN FIBULA FRACTURE MALLELOUS** having given consent for **Fracture - Ankle Internal Fixation Bi/Tri Malleolar (S5.1.46) ,Bone Grafting As Exclusive Procedure (S5.1.1)** surgery/therapy is hereby **AUTHORISED** to undertake the procedure/treatment subject to the maximum package rate of **56530** and send the bills for the claim after the discharge.

Authorised Signatory

(Panel Doctor)

Panel Doctor

Name : Panel doctor (Dr NTR Vaidya Seva Trust)

Date: 10-Jul-2024 12:52 PM

Seal :

Authorised Signatory

(Dr NTR Vaidya Seva Trust)

Trust Doctor

Name : Trust doctor (Dr NTR Vaidya Seva Trust)

Date: 10-Jul-2024 08:03 PM

Seal :

**BILLING CARD**Patient Name Mr. Talari Srinivas, 38y/MDOD - 16/7/24 A/S → 56530IP No. 325D.O.A. 8/7/24 Time 9:38 PMRoom No. Male general ward

Adm: Bi Malleolar # Rt

Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
8/7/24	8:10 PM	EMR	M/W	D. Tulagadaw
12/7/24	10 AM	M/W	OT	Chet.
12/7/24	1:30 PM	OT	SIW	Mami 0003
12/7/24	6 PM	SIW	M/W	veeralaksh

OPERATION THEA TRE

Date	: 12/7/24	OT No.	: I
Surgeon	: Dr. Suryaprasad	Start Time	: 10:15 AM
I Asst. Surgeon	: -	End Time	: 11:00 PM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: 10:20 AM to 10:40 AM
Anaesthetist	: Dr. Sandeep	C-Arm	: 10:20 AM to 11 AM
OT Nurse	: Karuna	Arthroscopy	: -
Name of Surgery	: (R) fibula plating	Laproscope	: -
	: medullous screw	Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: -
		Others	: -

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
12/7/24	11:30 AM	12/7/24	6 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 :

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[illegible]

[illegible]