

**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. : APCMCO/KKD/2024/1/6230332
Date : 15/07/2024 10:18:06

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms PASUPULETI SHYAM (the patient) on 09/07/2024 05:13:45 having Health/White/TAP/RAP card no. **CMCO/APS147741/2024** and belonging to district **KAKINADA**, suffering from **FRACTURE SUPRACONDYLOR** having given consent for **Internal fixation lateral/Medial condyle Humerus fractures (S5.1.40)** surgery/therapy is hereby **AUTHORISED** to undertake the procedure/treatment subject to the maximum package rate of **26460** 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 03:48 PM

Seal :



BILLING CARD

A/S - 26460

DOB - 15/7/24

D.O.A. 08/07/24 Time 1:41 PM

Patient Name Pasupuleti. Shyam

IP No. 322

Dsis:- supra condyle # (R)

Room No. Male general ward

Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
8/7/24	2pm	ER	Male ward	P. Sandya 0017
11/7/24	10 Am	M/W	OT	Vardhini 0090
11/7/24	11:30pm	OT	SCU	manu 0003
11/7/24	4:40pm	SCU	M/W	manu 0064

OPERATION THEA TRE

Date	:	11/7/24	OT No.	:	I
Surgeon	:	DR. Suryaprasad	Start Time	:	10:15 AM
I Asst. Surgeon	:	-	End Time	:	11:15 AM
II Asst. Surgeon	:	-	Dis. Pack	:	-
III Asst. Surgeon	:	-	Diathermy	:	10:15 AM to 10:40 AM
Anaesthetist	:	DR. Sandeep	C-Arm	:	10:15 AM to 10:50 AM
OT Nurse	:	Devi, manu	Arthroscopy	:	-
Name of Surgery	:	(Rt) Supracondylar	Laprosopy	:	-
		K-wire fixation	Sevoflurane / Isoflurane	:	-
			Inj. Fentanyl	:	-
			Others	:	-

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
11/7/24	11:30 AM	11/07/24	4:30 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 THEATRE	
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 :

[illegible]

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

8/7/24
15/3/24
Fhest x-ray
pt below APKAT x-ray (post-op)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

