

**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/2024/1/04431787

Date : 15/07/2024 10:03:06

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Ila Ramarao (the patient) on 08/07/2024 11:01:33 having Health/White/TAP/RAP card no. **WAP045003600045/01** and belonging to district **EAST GODAVARI**, suffering from **IMPLANT REMOVAL RIGHT KNEE** 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 NTR Vaidya
Seva Trust)

Date: 09-Jul-2024 12:46 PM

Seal :

BILLING CARDPatient Name Illa. Ramaras; 65MIP No. 320Room No. Male general wardA/S - 17600
D.O.A. 8/7/24

Time 11:38 AM

'N' 375 E- (R) 130R Bare Implant
Rent Per Day**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
8/7/24	12pm	Enk	Male ward	P. Sandeep 0017
11/7/24	11am	M/W	OT	P. Vandhini (0098)
11/7/24	12:40pm	OT	STW	mani 0003
11/7/24	5:00pm	STW	M/W	mxni 0069

OPERATION THEA TRE

Date	: 11/7/24	OT No.	: I
Surgeon	: Dr. Suryeprasad	Start Time	: 12:30pm
I Asst. Surgeon	: -	End Time	: 12:30pm
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: 11:40am to 12pm
Anaesthetist	: Dr. Sandeep	C-Arm	: 12pm to 12:15pm
OT Nurse	: Devi	Arthroscopy	: -
Name of Surgery	: (R) Tibia plate Removal	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: -
		Others	: -

MONITOR

Date	Start	Date	Disconnect
11/2/24	12:30pm	11/05/24	5:00pm

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 :

LABORATORY

[illegible]

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

8/7/24	Eco, chest x-ray		
9/7/24	2 echo [screening - Miscellaneous - 300]		
15/7/24	post op x-ray		

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]