

**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/KKD/2024/1/6230256

Date : 13/07/2024 10:33:49

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Sakinapalli Sreenu (the patient) on 08/07/2024 12:27:31 having Health/White/TAP/RAP card number **WAP040603200137/02** and belonging to district **KAKINADA**, suffering from **IMPLANT REMOVAL** 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 (Aarogyasri Health
Care Trust)

Date: 08-Jul-2024 06:50 PM

Seal :



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

A/S - 17600
DOD 13/7/24Patient Name Sakimpali. Sreenu; 19/MD.O.A. 8/2/24 Time 12:40 PMIP No. 321Room No. Male general ward1/2' 500/- (1/2) Kibula plate Removal
Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
8/7/24	1:30 PM	ENR	Male ward	P. Sandhya 0017
10/7/24	8 AM	1st Floor (mku)	OT	Bhaci 10 0104
10/7/24	9 AM	OT	STCU	mami 0003
10/8/24	5 PM	STCU	m/w	Kumari DOL

OPERATION THEA TRE

Date	: 10/7/24	OT No.	: J
Surgeon	: Dr. Suresh Prasad	Start Time	: 2 AM
I Asst. Surgeon	: -	End Time	: 9 AM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: 8:15 AM to 8:30 AM
Anaesthetist	: Dr. Sandeep	C-Arm	: 8:20 AM to 8:30 AM
OT Nurse	: Karulma	Arthroscopy	: -
Name of Surgery	: (1/2) Kibula plate Removal screw Removal	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: -
		Others	: -

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
10/7/24	10:30 AM	10/8/24	5 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

[illegible]

Date _____

LABORATORY

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

8/7/24 ECG, chest x-ray
13/7/24 post op x-ray

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

