

**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. : APTRUST/EGI/2024/1/04436969

Date : 27/07/2024 11:50:26

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Pathi Rajesha (the patient) on 19/07/2024 11:02:40 having Health/White/TAP/RAP card no. **WAP043800300496/01** and belonging to district **EAST GODAVARI**, suffering from **SPINAL CANAL STENOSIS** having given consent for **Spine - Canal Stenosis (S10.2.15)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subject to the maximum package rate of **40000** 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: 20-Jul-2024 07:38 PM

Seal :



## BILLING CARD

Patient Name P. Rajeshi: 27/11DOB: 27/7/24D.O.A. 19/7/24 Time 3:13 PMIP No. 346

1" SPS E- Spiral Cannal Stenters

Room No. Male general wardRent Per Day (5-5)

## TRANSFER DET AILS

| Date    | Time | From | To        | Sister Signature |
|---------|------|------|-----------|------------------|
| 19/7/24 | 5 PM | ENR  | Male ward | P. Sandhya 28/7  |
| 21/7/24 | 4 PM | MLW  | OT        | Sandhya          |
| 22/7/24 | 3 PM | OT   | SICU      | man 0003         |
| 23/7/24 | 4 AM | SICU | male ward | G.V. Durga 28/7  |

## OPERATION THEA TRE

|                   |                     |                          |                      |
|-------------------|---------------------|--------------------------|----------------------|
| Date              | : 22/07/24          | OT No.                   | : I                  |
| Surgeon           | : Dr. satyamarayana | Start Time               | : 4:15 pm            |
| I Asst. Surgeon   | : -                 | End Time                 | : 6:40 pm            |
| II Asst. Surgeon  | : -                 | Dis. Pack                | : -                  |
| III Asst. Surgeon | : -                 | Diathermy                | : 4:26 pm to 5:30 pm |
| Anaesthetist      | : Dr. Kusuma        | C-Arm                    | : 4:30 pm to 5: pm   |
| OT Nurse          | : Karuna, mani      | Arthroscopy              | : -                  |
| Name of Surgery   | : Laminectomy       | Laproscopey              | : -                  |
|                   |                     | Sevoflurane / Isoflurane | : -                  |
|                   |                     | Inj. Fentanyl            | : -                  |
|                   |                     | Others                   | : -                  |

## MONITOR

## INFUSION PUMP

| Date    | Start   | Date    | Disconnect | Date | Start | Date | Disconnect |
|---------|---------|---------|------------|------|-------|------|------------|
| 22/7/24 | 7:40 pm | 23/7/24 | 7:00 AM    |      |       |      |            |
|         |         |         |            |      |       |      |            |
|         |         |         |            |      |       |      |            |
|         |         |         |            |      |       |      |            |

## OXYGEN

## SYRINGE PUMP

| Date    | Start   | Date    | Disconnect | Date | Start | Date | Disconnect |
|---------|---------|---------|------------|------|-------|------|------------|
| 22/7/24 | 7:10 pm | 22/7/24 | 8 pm       |      |       |      |            |
|         |         |         |            |      |       |      |            |
|         |         |         |            |      |       |      |            |
|         |         |         |            |      |       |      |            |

## 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 :                   |

[illegible]

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

22/7/24 post op x-ray L5 - spine AP

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

