

**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/2024/1/04443226
Date : 10/08/2024 10:39:24

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms AVVA NAGA NANDINI (the patient) on 05/08/2024 11:59:45 having Health/White/TAP/RAP card no **JAP048301200012/04** and belonging to district **EAST GODAVARI**, suffering from **FRACTURE SINGLE MALLELOUS** having given consent for **Fracture - Ankle Internal Fixation Bi/Tri Malleolar (\$5.1.46)** surgery/therapy is hereby **AUTHORISED** to undertake the procedure/treatment subject to the maximum package rate of **25000** 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: 05-Aug-2024 05:37 PM

Seal :

Authorised Signatory

(Dr NTR Vaidya Seva Trust)

Trust Doctor

Name : Trust doctor (Dr NTR Vaidya Seva Trust)
Date: 05-Aug-2024 05:41 PM

Seal :

A/S

A/S - 25000



BILLING CARD

MH/PRINT / 0007 / BILL / FO

Patient Name Arva Naga Nandini; 15/FD.O.B. 10/8/24D.O.A. 5/8/24 Time 01:04 PMIP No. 3842° Srs.:- (1) Medial lower Caudyles #1 of TibiaRoom No. Female general wardRent Per Day #

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
5/8/24	1pm	ER	Female ward	P. Sandya cell 7
6/8/24	10 AM	Female ward	OT	A. Sridhar - 0041
6/8/24	10:30 AM	OT	SCW	Man - 00
6/8/24	5:00 PM	S.T.C.U.	Flw	A. Kalyan - 0029

OPERATION THEATRE

Date	: 6/8/24	OT No.	: J
Surgeon	: Dr. Suryaprasad	Start Time	: 10:15 AM
I Asst. Surgeon	:	End Time	: 10:50 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: 10:15 AM to 10:30 AM
Anaesthetist	: Dr. Sandeep	C-Arm	: 10:20 AM to 10:30 AM
OT Nurse	: Karuna	Arthroscopy	:
Name of Surgery	: (1) medial malleolus screw	Laprosopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

Date	Start	Date	Disconnect
6/8/24	11:20 AM	6/8/24	5:00 PM

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 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 :

Date

LABORATORY

5/8/24 CBC, ET, BT, BGT, RBS, Blood urea, Creatinine
T. Bilirubine, viral markers

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

5/8/24 chest x-ray
10/8/24 post op x-ray

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

