

**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/VZG/2024/1/03331734

Date : 16/08/2024 10:03:20

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Kolapati Tatarao (the patient) on 07/08/2024 04:52:44 having Health/White/TAP/RAP card no. **WAP033902900025/01** and belonging to district **VISHAKHAPATNAM**, suffering from **FRACTURE NECK OF HUMERUS** having given consent for **ORIF with Proximal Humerus Fracture fixation -PHILOS (S5.1.20)** surgery/therapy is hereby **AUTHORISED** to undertake the procedure/treatment subject to the maximum package rate of **38000** 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: 08-Aug-2024 03:29 PM

Seal :

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name

K. Taba Rao

65/ M

DOB: 06/8/24

D.O.A. 07/08/24 Time 04:41 PM

IP No.

378

X RIS: - (R) Humerus #

Room No.

male General ward

Rent Per Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
7/8/24	5pm	EMR	Male ward	P. Sanyal onk
14/8	3:5pm	mlw	OT	(Laksh)
13/8/24	6:30pm	OT	STW	man 0003
13/8/24	10-30pm	SICU	male ward	Kumari onk

OPERATION THEATRE

Date	:	13/8/24	OT No.	:	3
Surgeon	:	Dr. Arun	Start Time	:	4:45pm
I Asst. Surgeon	:	-	End Time	:	6:30pm
II Asst. Surgeon	:	-	Dis. Pack	:	-
III Asst. Surgeon	:	-	Diathermy	:	5pm to 5:45pm
Anaesthetist	:	Dr. 124 surmer	C-Arm	:	5pm to 6pm
OT Nurse	:	Dewi	Arthroscopy	:	-
Name of Surgery	:	(R) neck of the Humerus plating	Laprosopy	:	-
			Sevoflurane / Isoflurane	:	-
			Inj. Fentanyl	:	-
			Others	:	-

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
13/8/24	6:30pm	13/8/24	10.30pm				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
13/8/24	6:30pm	13/8/24	10.30pm				

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 :

Date _____

LABORATORY

[illegible]

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

7/18

2D ECHO (Screening)

Miscellaneous - 300 f

16/8/24

post op x-ray Rt Humeral

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

10/8/24

1

