

**Dr. Nandamuri Taraka Rama Rao 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/2024/1/04449444

Date : 27/08/2024 11:00:17

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Chinthala Krishna (the patient) on 21/08/2024 01:20:03 having Health/White/TAP/RAP card no **WAD042103300019/01** and belonging to district **EAST GODAVARI**, 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 (Dr NTR Vaidya Seva Trust)

Date: 21-Aug-2024 07:00 PM

Seal :

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name

Ch. Krishna, 64/M

IP No.

406

Room No.

Male general ward

D.O.A. 23/8/24

Time 11:46 AM

Rent Per Day

Implant Removal

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
21/8/24	19pm	ERK	Male ward	P. Sandeep 01/7
23/8/24	10:20 AM	male ward	OT	Sridhar - 0001
23/8/24	12pm	OT	SICU	mani 0003
23/08/24	5:00pm	SICU	m/w	mani 0009

OPERATION THEATRE

Date :	23/8/24	OT No. :	1
Surgeon :	Dr. Suryaprasad	Start Time :	10:40 AM
Asst. Surgeon :	-	End Time :	12:12 PM
II Asst. Surgeon :	-	Dis. Pack :	-
III Asst. Surgeon :	-	Diathermy :	10:40 AM to 11:50 AM
Anaesthetist :	Dr. Sandeep	C-Arm :	11:30 AM to 11:40 AM
OT Nurse :	Karuna	Arthroscopy :	-
Name of Surgery :	(12) Radius plate Removal	Laproscopy :	-
		Sevoflurane / Isoflurane :	-
		Inj. Fentanyl :	-
		Others :	-

MONITOR

Date	Start	Date	Disconnect
23/8/24	10:40 AM	23/08/24	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

21/8/21 Hb/ VPSol Mockess.

[illegible]

