

**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. : APCMCO/KKD/2024/1/6231357

Date : 19/08/2024 12:17:58

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms **BARIKA SURYARAO** (the patient) on 14/08/2024 11:46:38 having Health/White/TAP/RAP card no. **CMCO/APS151095/2024** and belonging to district **KAKINADA**, suffering from **FRACTURE HIP** having given consent for **Neck Femur - ORIF Intertrochanteric / Sub Trochanteric Fracture with Dynamic Hip Screw or PFN (S5.1.44)** surgery/therapy is hereby **AUTHORISED** to undertake the procedure/treatment subject to the maximum package rate of **32900** 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: 14-Aug-2024 04:04 PM

Seal :

A/S → 32900

**BILLING CARD**

MH/PRINT / 0007 / BILL / FO

Patient Name

Mr. B. Surya Rao, 66y/M

D.O.B. 19/8/24

D.O.A. 10/08/24 Time 5:58 PM

IP No.

386

(RT)

Hip-#.

Room No.

Male general ward

Rent Per Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
10/8/24	7:00	ERL	M/W	Sudhe
16/8/24	10 AM	M/W	OT	Sandhya
16/8/24	12:25 PM	OT	SICU	new 0005
16/8/24	4:00 PM	SICU	MLW	G. Sanga-0013.

OPERATION THEATRE

Date	: 16/8/24	OT No.	: I.
Surgeon	: Dr. Suryaprasad	Start Time	: 10:15 AM
Asst. Surgeon	: -	End Time	: 12:20 PM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: 10:30 AM to 11:30 AM
Anaesthetist	: Dr. Srindeep	C-Arm	: 10:30 AM to 12 PM
OT Nurse	: Mom, Devi	Arthroscopy	: -
Name of Surgery	: (RT) Hip, DHS plating	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: -
		Others	: -

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
16/8/24	12:30 PM	16/8/24	4:00 PM				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
16/8/24	12:30 PM	16/8/23	2:30 PM				

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 :

Surgeon

I Asst. Surgeon

II Asst. Surgeon

III Asst. Surgeon

Anaesthetist

OT Nurse

Name of Surgery :

OT. No.

Start Time

End Time

Dis. Pack

Diathermy

C-Arm

Arthroscopy

Laparoscopy

Sevoflurane / Isoflurane

Inj. Fentanyl

Others

LABORATORY

LABORATORY

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

10/8/24 2D ECHO (miscellaneous - 300 screening purpose)
 19/8/24 x-ray Rt Hip Ap (pale)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

