

Authorized signatory :

Name : Dr G Parameswari
Date : 12-Sep-2024 12:24 PM

PART - IX ENHANCEMENT(By CEO)

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Mandhapalli Kkerbabu (the patient) on 02/09/2024 03:07:56 having Health/White/TAP/RAP card no. **WAP043803300400/01** and belonging to district **EAST GODAVARI**, suffering from **ROTATOR CUFF TEAR** having given consent for **Rotator cuff repair- Open/Scopic (S5.6.31)** surgery/therapy

Authorized signatory :

Name : CEO / EO
Date: 12-Sep-2024 12:46 PM

**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. ENHANCEMENT APPROVAL FORM

Claim No. : APTRUST/EGI/2024/1/04454071
Patient Name : Mandhapalli Kkerbabu
BPL Card No. : WAP043803300400/01
Date : 13/09/2024 12:14:33

The Technical Committee approved the request of **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code **SIO-KKD** to enhance the package amount for **Rotator cuff repair- Open/Scopic (S5.6.31)** Surgery/Therapy for which the Preauthorization is approved for Rs. 30000 and an additional amount of Rs. 10000 is approved.

Details Of Approval:

Amount Authorized under package : Rs. **30000**
Enhanced Amount : Rs. **10000**
Total Amount Approved : Rs. **40000**
Buffer Amount released, if any : Rs. **0**

Authorised Signatory

(Technical Committee)

Authorised Signatory

(CEO)

Name : Dr G Parameswari
Date: 12-Sep-2024 12:24 PM

Name : CEO / EO
Date: 12-Sep-2024 12:46 PM

Date :

Date :

Seal :

Seal :



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name M. Kerbabu 63 | M

DDI-13/9/24

D.O.A. 2/9/04 Time 1:36 PM

IP No. 438

W's SR: ^{Rt} Full thickness tears of supraspinatus & infraspinatus tendons

Room No. Male general ward

Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
2/9/24	2pm	EMR	Mate was 103R	P. Sanyal 0057
4/9/24	3:10pm	103 Room	OT	A. Snider - 0041
4/9/24	7-3pm	OT	SIW	mgm - 0003
5/9/24	6:10AM	SIW	MIW	Una 0048.

OPERATION THEATRE

Date :	4/9/24	OT No. :	I
Surgeon :	Dr. Arun	Start Time :	3:40 PM
I Asst. Surgeon :	-	End Time :	7 PM
Asst. Surgeon :	-	Dis. Pack :	-
III Asst. Surgeon :	-	Diathermy :	3:50 PM to 5 PM.
Anaesthetist :	Dr. Sandeep	C-Arm :	-
OT Nurse :	Devi	Arthroscopy :	-
Name of Surgery :	Subacromial decompression + PCT Repair.	Laproscopy :	-
		Sevoflurane / Isoflurane :	-
		Inj. Fentanyl :	-
		Others :	

MONITOR

Date	Start	Date	Disconnect
4/9/24	7:30pm	5/9/24	6:10am

INFUSION PUMP

[illegible]

OXYGEN

Date	Start	Date	Disconnect
7/19/24	7:29pm	5/19/24	8:39pm

SYRINGE PUMP

[illegible]

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

t	Date	Start	Date	Disconnect

[illegible]

OT. No.

Start Time

End Time

Dis. Pack

Diathermy

C-Arm

Arthroscopy

Laparoscopy

Sevoflurane / Isoflurane :

Inj. Fentanyl :

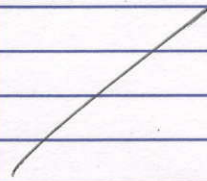
Others :

LABORATORY

LABORATORY

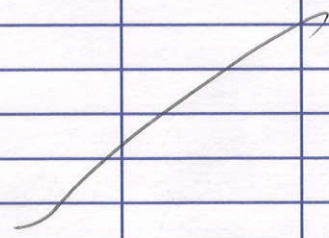
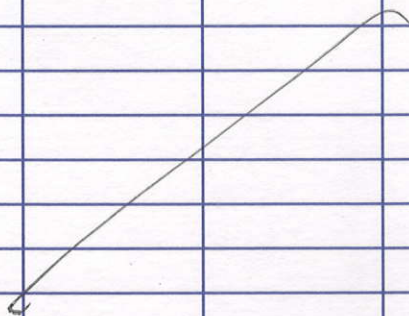
RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

5/9/24 Rt shoulder - Post OPX - RAY



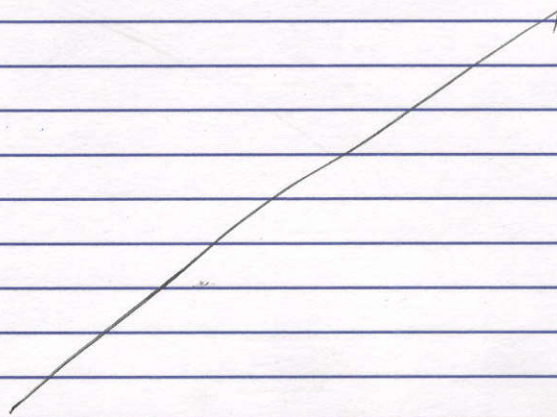
CBG

CBG



Date

PHYSIOTHERAPY



NEBULIZER

NEBULIZER

