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)

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

Date :

Seal :

Authorised Signatory

(CEO)

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

Date :

Seal :

A/S → 30,000 + 10,000 = 40,000

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

DOB:- 13/9/24

Patient Name M. Kverbabu, 63/M

D.O.A. 2/9/24 Time 1:36PM

IP No. 438

W/SRS: Rt Full thickness tears of supra & Infra Spinatus tendons

Room No. Male general ward

Rent Per Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
2/9/24	2pm	ER	~~Male ward~~ 103R	P. Sandya 0057
4/9/24	3:10pm	103 Room	OT	A. Sridevi - 0041
4/9/24	7.30pm	OT	SICU	Mani - 0003
5/9/24	6.10AM	SICU	M/W	Uma 0043.

OPERATION THEATRE

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

MONITOR

Date	Start	Date	Disconnect
4/9/24	7.30pm	5/9/24	6.10AM

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
4/9/24	7.30pm	5/9/24	8.30pm

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

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

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sujeeprasad	8/9/24 9/9/24	4/9/24 10/9/24	5/9/24	6/9/24	7/9/24	8/9/24	
Dr. Arun sir	4/9/24	5/9/24	9/9/24				
DR. Mani Kanta	9/9/24 (paid)						

PHARMACY

OT DRUGS REPLACED : —

BILL CLEARED : Medicine – 7828/-
consumable – 5514/-
Total → 13,342/-

RETURNS CHECKED : Returns (-) 33/-
13,309/-

10/9/24

AMBULANCE

Transport - 100/-

Other Procedures : (specify) :-

6/9/24 ⇒ Dressing done at 3pm (medium)

9/9/24 - Foleys catheterization done at 4 PM

11/9/24 ⇒ Dressing done at 2pm (medium)

11/9/24 = Foley's catheter removed

Admission Officer

P. Vardhini (0099)
Sister In-charge