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/2024/1/04456783

Date : 17/09/2024 11:09:42

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which ha admitted Mr/Ms Dwarapu Pbyteja (the patient) on 09/09/2024 04:03:20 having Health/White/TAP/RAP card nc **WAP0423099A0099/03** and belonging to district **EAST GODAVARI**, suffering from **INGUINAL HERNIA** having given consent fo **Herinoplasty with Mesh Direct Inguinal Hernia (S1.3.1.10)** surgery/therapy is hereby AUTHORISED to undertake th procedure/treatment subject to the maximum package rate of **25655** 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: 10-Sep-2024 07:31 PM

Seal :

A/S → 25655

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name D.P.B.Y. Teja. ; 27/M DOD:- 13/9/24
D.O.A. 9/9/24 Time 4:25PM

IP No. 455

Room No. Male general ward, Rent Per Day

"N" 99:- (Rt) Hernia

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
9/9/24	5pm	EMR	Male ward	T. Sandya 0017
12/9/24	12:10pm	M/W	OT	K. Babu Rani 0082
12/9/24	2pm	OT	SICU	mani 0003
13/9/24	10 AM	SICU	M/W	kumari 0014

OPERATION THEATRE

Date	: 12/9/24	OT No.	: I.
Surgeon	: Dr. Swamy	Start Time	: 12:15pm
I Asst. Surgeon	: -	End Time	: 1:40pm
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: 12:30pm to 1:15pm
Anaesthetist	: Dr. Sandeep	C-Arm	: -
OT Nurse	: Mani	Arthroscopy	: -
Name of Surgery	: Right Inguinal Hernia c mesh Repair	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: -
		Others	:

MONITOR

Date	Start	Date	Disconnect
12/9/24	2.30pm.	13/9/24	10AM

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

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Swamy	12/9/24	13/9/24	14/9/24	16/9/24			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : -	
BILL CLEARED : Consumable - 3854/- Medicine - 3742/- 7596/- Suruma. 0099 17/9/24.	Travel Pat - 50/-
RETURNS CHECKED :	

Other Procedures : (specify) :-

14/9/24 Dressing done [small] @ 6pm.

Admission Officer

Dr. G. Ratna MS

K. Baby Rani
Sister In-charge