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/2024/1/04456782

Date : 16/09/2024 10:15:37

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Chittimidireddy Ratnam (the patient) on 09/09/2024 05:10:30 having Health/White/TAP/RAP card no. **WAP0421022A0058/01** and belonging to district **EAST GODAVARI**, suffering from **FRACTURE DISTAL RADIUS RIGHT** having given consent for **Distal Radius Fracture - Forearm (S5.1.22)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subject to the maximum package rate of **25000** 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: 11-Sep-2024 10:29 AM

Seal :

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

B/S

A/S → 25000

DOD:- 16/9/24

Patient Name Ch. Ratnam ; 58/F

D.O.A. 9/9/24 Time 8:52PM

IP No. 454

Dsis:- (Rt) Wrist #.

Room No. Female general ward

Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
9/9/24	3:30PM	EMR	1st floor F/w	Sudha.
12/9/24	10AM	F/w	OT	Vandhini (0090)
12/9/24	11:30AM	OT	SICU	mani 0003
13/09/24	1:30PM	SICU	F/w	Nisaf (0069)

OPERATION THEA TRE

Date	:	12/9/24	OT No.	: I.
Surgeon	:	Dr. Suryaprasad	Start Time	: 10:30AM
I Asst. Surgeon	:	-	End Time	: 11:30AM
II Asst. Surgeon	:	-	Dis. Pack	: -
III Asst. Surgeon	:	-	Diathermy	: 10:35AM to 11AM
Anaesthetist	:	Dr. Sandeep	C-Arm	: 10:35AM to 11:10AM
OT Nurse	:	mani	Arthroscopy	: -
Name of Surgery	:	(Rt) Radius plating	Laproscopy	: -
			Sevoflurane / Isoflurane	: -
			Inj. Fentanyl	: -
			Others	: -

MONITOR

Date	Start	Date	Disconnect
12/09/24	11:35AM	12/09/24	1:30PM

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

MH/ PRINT / 0007 / BILL / FO

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ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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Date	:	OT. No.	:
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II Asst. Surgeon	:	Dis. Pack	:
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Anaesthetist	:	C-Arm	:
OT Nurse	:	Arthroscopy	:
Name of Surgery	:	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

Date	LABORATORY

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

9/9/24	2D Echo. - (screening purpose only)
11/9/24	Rt wrist X-ray.
16/9/24	post op X-ray Rt wrist

CBG

12/9/24			1

CBG

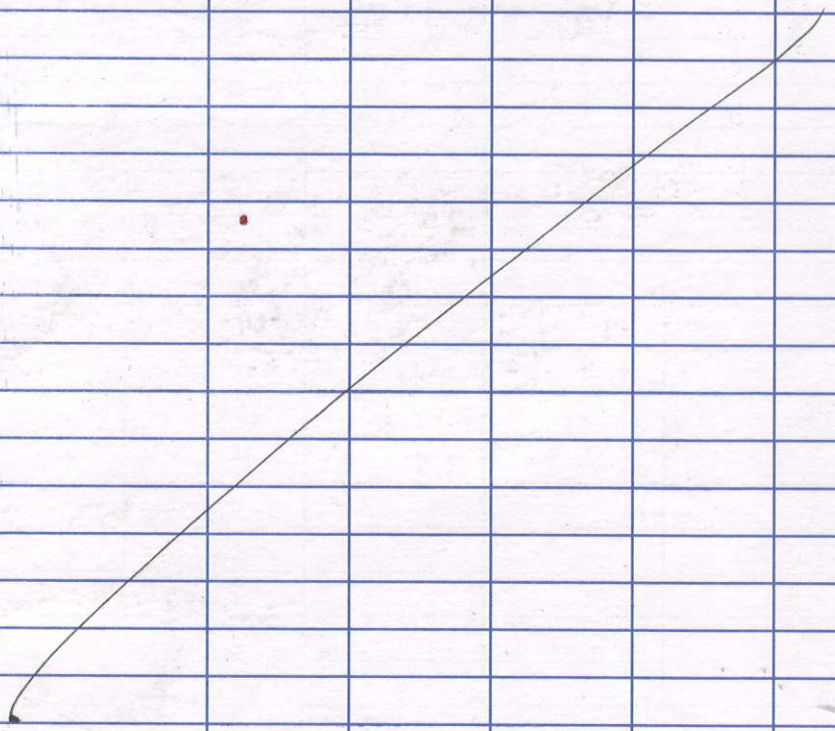
PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. N. Surya Prasad	10/9/24	11/09/24	12/9/24	13/9/24	14/9/24	15/9/24	16/9/24



PHARMACY	AMBULANCE
OT DRUGS REPLACED :- BILL CLEARED : Implants - 2250/- consumable - 1227/- Medicine - 2356/- 5833/- RETURNS CHECKED :	Transport - 100/- 16/09/24

Other Procedures : (specify) :-

Dressing done at 10.30 Am @ 13/9/24 (medium)

Dressing done at 10 Am @ 15/9/24 (medium)

Dressing done at 11 Am @ 16/9/24 (medium)

Admission Officer

P. Vardhini (0090)
Sister In-charge