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/KKD/2024/1/6232899

Date : 08/10/2024 11:40:44

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which h admitted Mr/Ms Kamadi Varalaxmi (the patient) on 04/10/2024 03:11:06 having Health/White/TAP/RAP card n **RAP043702501689/04** and belonging to district **KAKINADA**, suffering from **IMPLANT REMOVAL** having given consent for **Remov of implants plates and nail (S5.8.1)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subject to t maximum package rate of **17600** 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: 05-Oct-2024 01:40 PM

Seal :

A/S → 17600

BILLING CARD

A/S

MH/ PRINT / 0007 / BILL / FO

Patient Name K. Varalakshmi : 33/F

DOC:- 8/10/24

D.O.A. 4/10/24 Time 1:16Pm

IP No. 524

Dr. SPS (RT) Fibula Nail Removal

Room No. Female general ward

Rent Per Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
4/10/24	8pm	ER	Female general ward 106	P. Sandya 0017
5/10/24	2:50pm.	106-Room	OT	A. Sridevi - 0041
5/10/24	3:45pm	OT	106-Room	Mani 0003

OPERATION THEATRE

Date	:	5/10/24	OT No.	: I
Surgeon	:	Dr. Suryaprasad	Start Time	: 3pm
I Asst. Surgeon	:	-	End Time	: 3:30pm
II Asst. Surgeon	:	-	Dis. Pack	: -
III Asst. Surgeon	:	-	Diathermy	: 3:10pm to 3:30pm
Anaesthetist	:	Dr. Sandeep Karuna	C-Arm	: 3:10pm to 3:25pm
OT Nurse	:		Arthroscopy	: -
Name of Surgery	:	(RT) Fibula screw Removal	Laproscopy	: -
			Sevoflurane / Isoflurane	: -
			Inj. Fentanyl	: -
			Others	: -

MONITOR

Date	Start	Date	Disconnect

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

8/10/24	post op X-ray Rt Fibula

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Suryaprasad	4/10/24	5/10/24.	6/10/24	7/10/24	8/10/24		

PHARMACY	AMBULANCE
OT DRUGS REPLACED : –	
BILL CLEARED : Consumable - 618/- Medicine - 1667/- Return -(-) 391/- 2,246/-	Trans pM- 100/-
RETURNS CHECKED :	

Other Procedures : (specify) :-

Dressing done at 12 pm at 8/10/24 (medium)

Admission Officer

Sister In-charge