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/2024/1/04458384

Date : 18/09/2024 10:35:49

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Merugu Kishore (the patient) on 13/09/2024 01:45:14 having Health/White/TAP/RAP card no. **WAP0422008A0030/02** and belonging to district **EAST GODAVARI**, suffering from **IMPLANT REMOVAL** having given consent for **Removal of implants plates and nail (S5.8.1)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subject to the 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: 13-Sep-2024 11:41 PM

Seal :

A/s → 17600

MH/ PRINT / 0007 ~~/ BILL / FO~~

BILLING CARD

A/s DOD 18/9/24

Patient Name M. Kishore ; 18/M D.O.A. 13/9/24 Time 4:22PM

IP No. 464

Δ :- (Rt) wrist Implant Removal.

Room No. male general ward Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
13/9/24	4:30pm	EMR	male ward	P. Sandya 0017
16/9/24	10:00 Am	m/w	OT	K. Babu Rani 0083
16/9/24	12:30pm	OT	SICU	Mani 0007
16/9/24	3:30pm	SICU	M/W	Uma-0043

OPERATION THEA TRE

Date	:	16/9/24	OT No.	:	I.
Surgeon	:	Dr. Suryaprasad	Start Time	:	10:10 AM
I Asst. Surgeon	:	–	End Time	:	12:20 PM
II Asst. Surgeon	:	–	Dis. Pack	:	–
III Asst. Surgeon	:	–	Diathermy	:	10:15 AM to 11 AM
Anaesthetist	:	Dr. Sandeep	C-Arm	:	10:30 AM to 10:45 AM
OT Nurse	:	Karuna	Arthroscopy	:	–
Name of Surgery	:	(Rt) forearm plate Removal	Laproscopy	:	–
			Sevoflurane / Isoflurane	:	–
			Inj. Fentanyl	:	–
			Others	:	–

MONITOR

Date	Start	Date	Disconnect
16/9/24	12:30PM	16/9/24	3:30PM

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

OPERATION THEA TRE

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-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER

18/9/24	post x-ray Rt wrist

CBG

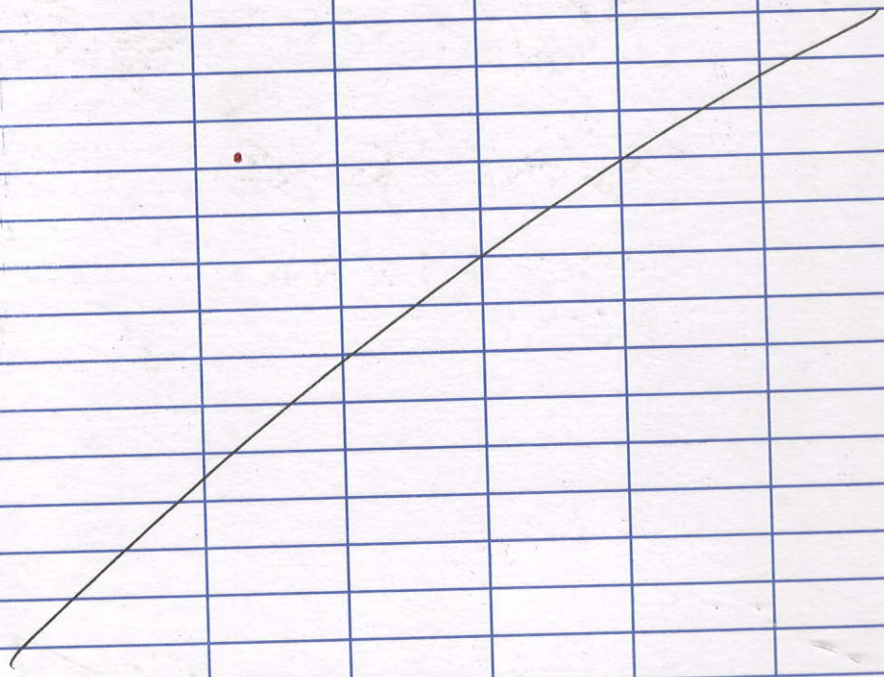
CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sivaprasad	14/9/24	15/9/24	16/9/24	17/9/24	18/9/24		



PHARMACY

OT DRUGS REPLACED : -

BILL CLEARED : Consumable - 2759/-
Medicine - 1693/- 18/09/24
4452/-

RETURNS CHECKED :

AMBULANCE

Trans-port - 100/-

Other Procedures : (specify) :-

16/9/24 drain done at 12:15pm

18/9/24 Dressing done at 11Am, drain removed (Medium)

Admission Officer :

P. Vaishnavi (0090)
Sister In-charge