

**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/2024/1/04460727

Date : 24/09/2024 10:47:52

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Pendyala Durga (the patient) on 19/09/2024 11:54:29 having Health/White/TAP/RAP card no. **WAP040703000507/02** and belonging to district **EAST GODAVARI**, suffering from **FRACTURE FEMUR LEFT** having given consent for **Distal femur Fracture - ORIF/CRIF (S5.1.17)** surgery/therapy is hereby **AUTHORISED** to undertake the procedure/treatment subject to the maximum package rate of **40000** 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: 19-Sep-2024 04:20 PM

Seal :

Authorised Signatory

(Dr NTR Vaidya Seva Trust)

Trust Doctor

Name : Trust doctor (Dr NTR Vaidya Seva Trust)

Date: 19-Sep-2024 04:21 PM

Seal :

**M.L.C.****BILLING CARD**

A/s

A/s → 40000

MH/ PRINT / 0007 / BILL / FO

Patient Name pendyala .Durga 19/fD.O.B. 24/9/24D.O.A. 18/09/24 Time 10:43 pmIP No. 479

Dr's (Lt) Femur #

Room No. Female g/w

Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
18/9/24	10:45 PM	EMR	F/W	D. Tulasi (0045)
20/9/24	1:15 pm	F/W	OT	Vandhini (0090)
20/9/24	3:00 pm	OT	STW	Mai 0003
20/9/24	10:30 pm	STW	F/W	Uma 0043

OPERATION THEATRE

Date	: 20/9/24	OT No.	: I
Surgeon	: Dr. S. Anubabu	Start Time	: 1:30 PM
I Asst. Surgeon	: -	End Time	: 4: PM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: 1:40 pm to 2 PM
Anaesthetist	: Dr. Sandeep	C-Arm	: 1:40 pm to 2:30 pm
OT Nurse	: Karuna	Arthroscopy	: -
Name of Surgery	: (18) femur nail mg	Laprosopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: -
		Others	: -

MONITOR

Date	Start	Date	Disconnect
20/9/24	4 pm	20/9/24	10:30 pm

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

[illegible]

LABORATORY

HB: %

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

26/9/24 post DP X-ray femur (L)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

