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/KSM/2024/1/6321041

Date : 23/09/2024 11:09:45

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Kota Lokesh (the patient) on 20/09/2024 03:34:04 having Health/White/TAP/RAP card no. **WAP0441003A0065/04** and belonging to district **KONASEEMA**, 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: 21-Sep-2024 12:03 PM

Seal :

A/s → 17600

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

DOD:- 23/9/24

Patient Name: K. Lokesh: 21/M

D.O.A. 20/9/24 Time 3:49PM

IP No. 484

'Δ' SPS:- (Rt) Implant Removal (Femur

Room No. Male general ward

Rent Per Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
20/9/24	5pm	EMD	Male ward	P. Sandeep 0017
21/9/24	3:10PM	MlW	OT	Asha 93
21/9/24	5:15pm	OT	SICU	mai 0003
21/9/24	10.30pm	SICU	MlW	Uma 0043

OPERATION THEATRE

Date : 21/9/24		OT No. :	I
Surgeon :	Dr. Srinubabu	Start Time :	3:30pm
I Asst. Surgeon :	–	End Time :	5:pm
II Asst. Surgeon :	–	Dis. Pack :	–
III Asst. Surgeon :	–	Diathermy :	4:45pm to 5pm
Anaesthetist :	Dr. Sandeep	C-Arm :	
OT Nurse :	karuna	Arthroscopy :	–
Name of Surgery :	(Rt) femur nail Removal	Laproscopy :	–
		Sevoflurane / Isoflurane :	–
		Inj. Fentanyl :	–
		Others :	–

MONITOR

Date	Start	Date	Disconnect
21/09/24	5:20pm	21/9/24	10.30pm

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 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

23/1/24	post op x-ray Rt Femur		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Suryaprasad	21/9/24	22/9/24	23/9/24				
DR. Srinu babu	21/9/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : – Consumable - 2500/- BILL CLEARED : Medicine - 3407/- Karuna 0099 5907 28/09/24 RETURNS CHECKED :	Transport - 100/-

Other Procedures : (specify) :-

Dressing done at 1p.m @ 23/9/24 (medium)

Admission Officer : [signature]	Dr. Rahu[illegible]	P. Vardhini/0090 Sister In-charge