

**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. : APCMCO/KKD/2024/1/6232597

Date : 30/09/2024 12:14:23

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms **PENDYALA NAGA CHAITANYA** (the patient) on 25/09/2024 11:26:23 having Health/White/TAP/RAP card no. **CMCO/APS154983/2024** and belonging to district **KAKINADA**, suffering from **FRACTURE FEMUR** 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 **35000** 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: 25-Sep-2024 03:13 PM

Seal :

Authorised Signatory

(Dr NTR Vaidya Seva Trust)

Trust Doctor

Name : Trust doctor (Dr NTR Vaidya Seva Trust)

Date: 25-Sep-2024 03:14 PM

Seal :

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name P. Naga Chaitanya; 12/FD.O.B. 30/9/24
D.O.A. 25/9/24 Time 3:12 PMIP No. 499

Δ°-(LT) femur #

Room No. Female general ward

Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
25/9/24	3:15pm	OPD	Female ward.	Sridevi - 0041
27/9/24	1:15pm	Female ward	OT	Sridevi - 0041
27/9/24	4:30pm	OT	SICU	mmi 0003
28/9/24	7:20am	SICU	FLW	Syambha

OPERATION THEATRE

Date	: 27/9/24	OT No.	: I
Surgeon	: Dr. Srinubabu	Start Time	: 1:30pm
I Asst. Surgeon	: -	End Time	: 4:30pm
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: 1:40pm to 2:pm
Anaesthetist	: Dr. S. andeef	C-Arm	: 1:40pm to 3:50pm
OT Nurse	: Karuna	Arthroscopy	: -
Name of Surgery	: (LP) femur nail	Laprosopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: -
		Others	: -

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
27/9/24	4PM	28/9/24	7AM				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	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 :

LABORATORY

[illegible]

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

30/9/24 post op x-ray lt femur

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]