

**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/2024/1/6232760

Date : 03/10/2024 11:01:17

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Naidana Ravi (the patient) on 30/09/2024 01:20:52 having Health/White/TAP/RAP card no. **WAP0419015A0126/01** and belonging to district **KAKINADA**, 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: 30-Sep-2024 07:02 PM

Seal :



Als → 17600

A/S



# BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name N. Ravi ; 50/17

DOB:- 3/10/24

IP No. 510

D.O.A. 30/9/24 Time 1:30 PM

Room No. Male general ward

Diagnosis: (Rx) Radius plate removal  
Rent Per Day \_\_\_\_\_

## TRANSFER DETAILS

| Date    | Time    | From     | To       | Sister Signature  |
|---------|---------|----------|----------|-------------------|
| 30/9/24 | 2pm     | ERL      | 101 room | P. Sangeetha 0017 |
| 1/10/24 | 12:35pm | R-103    | OT       | K. Baby/Ani 0088  |
| 1/10/24 | 2:30pm  | OT       | STC      | Mari 0003         |
| 1/10/24 | 4:30pm  | SS 2W    | 103      | UMA 0045          |
| 2/10/24 | 3pm     | 103 Room | m/w      | lalitha           |

## OPERATION THEATRE

|                     |                           |                            |                  |
|---------------------|---------------------------|----------------------------|------------------|
| Date :              | 1/10/24                   | OT No. :                   | I                |
| Surgeon :           | Dr. Bhargav               | Start Time :               | 1pm              |
| I Asst. Surgeon :   | -                         | End Time :                 | 2:10pm           |
| Asst. Surgeon :     | -                         | Dis. Pack :                | -                |
| III Asst. Surgeon : | -                         | Diathermy :                | 1:10pm to 1:30pm |
| Anaesthetist :      | Dr. Sandeep               | C-Arm :                    | 1:30pm to 1:40pm |
| OT Nurse :          | Devi                      | Arthroscopy :              | -                |
| Name of Surgery :   | (Rx) Radius plate Removal | Laproscopy :               | -                |
|                     |                           | Sevoflurane / Isoflurane : | -                |
|                     |                           | Inj. Fentanyl :            | -                |
|                     |                           | Others :                   | -                |

## MONITOR

## INFUSION PUMP

| Date    | Start  | Date    | Disconnect | Date | Start | Date | Disconnect |
|---------|--------|---------|------------|------|-------|------|------------|
| 1/10/24 | 2:30pm | 1/10/24 | 4:40pm     |      |       |      |            |
|         |        |         |            |      |       |      |            |
|         |        |         |            |      |       |      |            |
|         |        |         |            |      |       |      |            |

## OXYGEN

## SYRINGE PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

## ALPHA BED / SCD PUMP

## VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

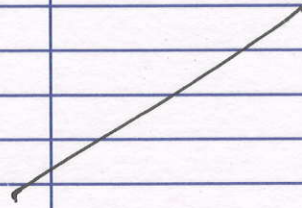


[illegible]

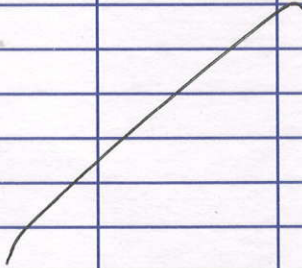
## LABORATORY



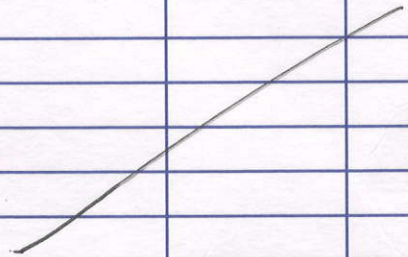
3/10/24 post op X-ray Rt Radius.



CBG

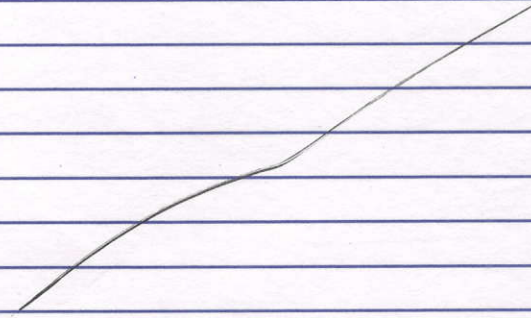


CBG



Date

PHYSIOTHERAPY



NEBULIZER



NEBULIZER

