

**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/2024/1/04466010

Date : 08/10/2024 11:36:16

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Ramadevu C Subbarao (the patient) on 01/10/2024 04:32:40 having Health/White/TAP/RAP card no. **YAP0423221A0256/03** and belonging to district **EAST GODAVARI**, suffering from **FRACTURE HIP RIGHT** having given consent for **Neck Femur - ORIF Intertrochanteric / Sub Trochanteric Fracture with Dynamic Hip Screw or PFN (S5.1.44)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subject to the maximum package rate of **32900** 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: 03-Oct-2024 01:42 PM

Seal :

A/S → 32900

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. R. Chinne Subbarao, 74y / M D.O.A. 01/10/24 Time 03:00 PMIP No. 513Room No. Male general wardDOD: - 8/10/24
Asses: (R) Hsp #

Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
1/10/24	8:30 AM	ENR	Male ward	P. Sandhya 0012
4/10/24	11:20 AM	M/W	OT	Lakshmi 106
4/10/24	1:30 PM	OT	ICU	mani 0003
4/10/24	6 PM	SICU	M/W	sgan

OPERATION THEATRE

Date	: 4/10/24	OT No.	: I
Surgeon	: Dr. Suryaprasad	Start Time	: 11:40 AM
Asst. Surgeon	:	End Time	: 1:15 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: 11:50 AM to 12:40 PM
Anaesthetist	: Dr. Sandeep	C-Arm	: 11:50 AM to 1: PM
OT Nurse	: Mani	Arthroscopy	:
Name of Surgery	: (R) DHS	Laprosopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
4/10/24	1:30 PM	4/10/24	6 PM				

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]

Date _____

LABORATORY

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

8/10/24 postop X-ray Rt Hip

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

