

**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/2024/1/04465658

Date : 08/10/2024 11:26:53

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Kambala Suramma (the patient) on 01/10/2024 03:49:14 having Health/White/TAP/RAP card no **WAP040742100189/02** and belonging to district **EAST GODAVARI**, 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: 02-Oct-2024 12:30 PM**

Seal :

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name

Mrs. Kambale Suramma, 39y/12

D.O.A. 8/10/24

Time 4:53 P.M.

IP No.

514

Room No.

Female general ward

4:- (1) Tibia Impact Removal

Rent Per Day

**TRANSFER DETAILS**

| Date    | Time     | From        | To      | Sister Signature  |
|---------|----------|-------------|---------|-------------------|
| 4/10/24 | 5:30 pm  | emp         | flw     | A. Sridewi - 0041 |
| 4/10/24 | 10:15 AM | Female ward | OT      | Kavane            |
| 4/10/24 | 11:20 AM | OT          | + I.C.U | prashanna 0107    |
| 4/10/24 | 5 pm     | SICU        | flw     |                   |

**OPERATION THEATRE**

|                   |   |                        |                          |   |                    |
|-------------------|---|------------------------|--------------------------|---|--------------------|
| Date              | : | 4/10/24                | OT No.                   | : | I.                 |
| Surgeon           | : | Dr. Suryaprasad        | Start Time               | : | 10:30 AM           |
| I Asst. Surgeon   | : | -                      | End Time                 | : | 11:15 AM           |
| Asst. Surgeon     | : | -                      | Dis. Pack                | : | -                  |
| III Asst. Surgeon | : | -                      | Diathermy                | : | 10:40 AM to 12: AM |
| Anaesthetist      | : | Dr. Sandeep            | C-Arm                    | : | 11: AM to 11:10 AM |
| OT Nurse          | : | manu                   | Arthroscopy              | : | -                  |
| Name of Surgery   | : | (L) Tibia nail Removal | Laproscopy               | : | -                  |
|                   |   |                        | Sevoflurane / Isoflurane | : | -                  |
|                   |   |                        | Inj. Fentanyl            | : | -                  |
|                   |   |                        | Others                   | : | -                  |

**MONITOR****INFUSION PUMP**

| Date    | Start    | Date    | Disconnect | Date | Start | Date | Disconnect |
|---------|----------|---------|------------|------|-------|------|------------|
| 4/10/24 | 11:20 AM | 4/10/24 | 5 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 |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

| 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

[illegible]

| 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 :                   |

OT. No. \_\_\_\_\_

Start Time

End Time

Dis. Pack

Diathermy

C-Arm

Arthroscopy

Laparoscopy

Sevoflurane / Isoflurane :

Inj. Fentanyl

|        |   |
|--------|---|
| Others | 2 |
|--------|---|

## LABORATORY

[illegible]

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

8/10/24 post op X-ray Lt Tibia

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

