Ref. No.: FRR/Vinayak/1005/2021-22

Dated: 27.12.2021

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Khushi .
Sex: Female **Age:** 3 years .
Father Name: Mr.Shakur.
Address: Behlolpur Chhijarsi Sector 63 Noida(U.P.).
Diagnosis: Approx 30% Thermal Burn.
Date of Admission: 27/12/2021

Overall Analysis: The patient - Baby Khushi was brought in to our hospital on 27th December 2021.The child has sustained Thermal Burn Injury due to accidentally coming in contact with fire flame. Her mother was making food suddenly she contacted with fire and was burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 30% TBSA Thermal Burn Injury. The Burns is on face area,neck area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 3 Years , the injury is of a grave nature. We plan to manage the child conservatively applying wound dressing and debridement procedures to close the wound as early as possible.Surgical Skin Grafting if required, would be undertaken at a later stage.

Visuals:

Fund Requirement - During Hospital Stay

Please find below the detailed fund requirement for the first 3 Weeks of treatment.

Funds - Hospital Stay	**55,000.00**
Funds - RMO, Nursing, Consultants & Specialists	**45,000.00**
Funds - Dressing & Procedures	**52,000.00**
Funds - Rehabillitation (Physiotheraphy)	**4,000.00**
Funds - Medicines + Consummables + Transfusions	**52,000.00**
Funds - Pathology & Diagnostics	**12,000.00**
Total (in numbers)	**220,000.00**
Total (in words):	**Two Lakh Twenty Thousand Only**

Fund Requirement - Follow Up

Please find below the detailed fund requirement for Follow Up period of 1.5 Month Post Discharge.

Funds - Follow Up Visits & Dressings	**3,000.00**
Total (in numbers)	**3,000.00**
Total (in words):	**Three Thousand Only**
Fund Requirement - TOTAL	
Stage 1	**220,000.00**
Stage 2	**3,000.00**
Total (in numbers)	**223,000.00**
Total (in words):	**Two Lakh Twenty Three Thousand Only**

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Baby Khushi .

For Vinayak Hospital

(A Division of Vinayak Hospital)

5th Floor, Vinayak Hospital, Sector 27, Atta Market,

NH - 1, Noida - 201301 (UP)

AO/AD

सेवा में,

श्रीमान अध्यक्ष

रिलीफ इन्डिया ट्रस्ट

सी 63 सेक्टर साउथ एक्स पार्ट-2

नई दिल्ली 49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय -

सविनय निवेदन यह है। कि मेरा नाम शकुर है। मेरा निवास सेहलोलपुर फाइव प्रेजेंट खिसार्स सैक्टर 63 नोएडा यूपी में स्थित है। मेरी एक बेटी है। जिसका नाम रुशी है। जिसकी आयु तीन वर्ष है। मेरी बेटी घर में खेल रही थी तभी अचानक मेरी बेटी आग के संपर्क आ गई और जल गई जिसके कारण मैं उसे नोएडा के विनायक हॉस्पीटल लेकर गया और वहां दिनांक 27-12-2021 को वहां पर भर्ती कराया वहा पर उसके इलाज के लिए दो लाख तेईस हजार रुपये का खर्चा लगाया गया है। जो की यह खर्च मैं उठाने में असमर्थ हूं अत: आपसे निवेदन है। की मेरी बेटी की सहायता प्रदान करे।

दिनांक
27-12-2021

बेटी का नाम - रुशी
उम्र - तीन वर्ष
पता - सेहलोलपुर फाइव
प्रेजेंट खिसार्स सैक्टर 63
नोएडा यूपी

आपकी अति कृपा होगी
आपकी आभारी
शकुर

MLC-NO- 3445

UHID-P-2111628

VINAYAK HOSPITAL™

NH-1, Sector-27, Atta, Noida-201301

V.H. No. 2105116/21-22

Room No. ICU Catagory .....

Date of Admission 27/12/2021

Name BABY KHUSHI

S/o, D/o, W/o MR. SHAKUR

Occupation .....

Age 3 Sex F

Religion .....

Father's / Husband's Name .....

Address BEHLOLPUR ; FIVE PERCENT CHHIJSARSI SEC-63 NOIDA U.P.

Phone : Office ..... Res. .....

Advance Receipt No. ..... Date .....

For Rs. .....

Name & Address of accopanying relative BROTHER MOHD. AZAD

.....

.....

Phone : Office ..... Res. .....

R.M.O. Dr. ASIF Informed at 9:38PM

Admitting Dr. A.K. VERMA Informed at 9:38PM

Receptionist

I hereby declare that I am getting admitted in this Hospital on my own will. The expenses have been explained to me and I agree to make all payments before discharge.

I agree that I am keeping no valuable with me in the Hospital and no one will be responsible in the events of theft if any.

Signature of Patient / Relative

Unit / Consultant DR. A.K. VERMA

Date of Discharge .....

Provisional Diagnosis .....

.....

Final Diagnosis .....

.....

Infectious nature of disease : Yes/No

Outcome : LAMA / Stable / Improved / Cured / Died

Death Record filled by Dr. .....

FOR DELIVERY CASE ONLY

Date and Time of Delivery .....

New Born : Male / Female .....

Birth record filled by Dr. .....

Patient shifted from Room No. ..... to .....

On .....

Shifted from Room No. ..... to .....

On .....

Shifted from Room No. ..... to .....

On .....

Discharge Date ..... Time ..... Bill No. / R.No. ..... Dated.....

For Rs. ..... Received / Refundable after adjustment of advance Rs. .....

Authorised Signatory

VINAYAK HOSPITAL

NABH

13902

EMERGENCY ASSESSMENT

NAME Baby Khushi AGE / SEX 03Y/F DATE 27/12/21 UHID

Personal History ⊖
Alcohol / Smoking / Tobacco
Chewing / other

Allergy ⊖

Past History ⊖

Diabetes / HT / IHD / TB ⊖

OTHER

Menstrual History ⊖

Current Medication ⊖

Vaccination Status ⊖

Chief Complaints @ 9:38 pm.

A. 3 years old female baby patient brought to the casuality by her mother & relatives c/o H/O Flame Burn while her mother was cooking food at near Bahlolpur secctor 63, Noida U.P. at aprox 8:30 am.

Inital Assessment & Examination

Pulse Rate - 138 bpm
B P -
Resp Rate - 34 bpm
Temp - 98.6° F.
Ht / Wt - - 11 kg.
SPO2 - 96 % on RA

Investigations

RBS - 193 mg/dl

Treatment

C/E. Burn on whole face, including B/L Ear.
- Neck. Trunk. umbilical region.

C/O. - Pain & Burning sensation on Burn site.

A. superficial to Deep Flame Burn TBSA ≃ 27%.

Adv Patient Admitted & ~~Referred~~ discharge.
Dr. A.K Verma (Surgeon)
Dressing was Done c Silvenea.
Nitrate & Local Telling

inj EFCORLIN 25 mg — i/v/ BD.
inj TAZAR 1100 mg — i/v/BD
inj RENITAC 10 mg — OD.
inj PCM 165 mg — TDS
IV FLUID - RL @ 40 ml/hr for 1st 8 hours
then Next 16 hours 30 ml/hr.

PTO.

Dietary Advise & Preventive Care

NPO till further order.

Name & Sign Of Doctor