





Ref. No.: FRR/Vinayak/1063/2020-21

Dated: 07.02.2021

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Disha .

Sex: Female Age: 1.5 years .

Father Name: Mr. Umesh.

Address: Sector 105 Noida Gautam Budh Nagar (U.P.).

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 07/02/2021

Overall Analysis: The patient - Baby Disha was brought in to our hospital by her father - Mr. Umesh on 7th February 2021. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot boiling milk while she was at home. The child was playing at home, while her mother warming milk and then she contacted with hot boiling milk and burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 30% TBSA Thermal Burn Injury. The Burns are on back area, hepsa area and legs. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 1.5 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. Chest Physiotherapy sessions and Pressure Garments would also be advised to achieve the best possible results against a possible pulmonary collapse and for a contracture and scar free recovery.



Fund Requirement - During Hospital Stay

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

Funds - Hospital Stay (ICU and Ward)	45,000.00
Funds - RMO, Nursing, Consultants & Specialists	47,000.00
Funds - Dressing & Procedures	56,000.00
Funds - Rehabilitation (Physiotherapy)	5,000.00
Funds - Medicines + Consumables + Transfusions	77,000.00
Funds - Pathology & Diagnostics	10,000.00
Total (in numbers)	240,000.00

Total (in words):

Two Lakh Forty 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	10,000.00
Total (in numbers)	10,000.00
Total (in words):	Ten Thousand Only
Fund Requirement - TOTAL	
Stage 1	240,000.00
Stage 2	10,000.00
Total (in numbers)	250,000.00
Total (in words):	Two Lakh Fifty Thousand Thousand Only

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



For Vinayak Hospital

[A Division of Vinayak Hospital]

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

NH - 1, Noida - 201301 (UP)

AQ/AD

सेवा में

श्रीमान अश्वमेध

रिलीफ इन्डिया ट्रस्ट

सी-63 बेसमेंट साउथ स्वस फर्-2

नई दिल्ली-49

विषय- आर्थिक सहायता हेतु प्रार्थना-पत्र
महोदय,

सविनय निवेदन यह है, मेरा नाम उमेश है, मेरा निवास स्थान नौरा सेक्टर-105 में स्थित है, मेरी रुक बेटी है, जिसका नाम दिशा है, जिसका आयु सोलह महीने का है, मेरी बेटी घर में खेल रही थी, अचानक खेलते-खेलते वह कमरे में खे गयी इधर के मास पहुँच गयी जिससे वह जल गयी इसके इलाज के लिए मैं उस नौरा के मिनाथक हॉस्पिटल लेकर गया और दिनांक 07-02-2021 को वहाँ पर भर्ती कराया, वहाँ पर उसके इलाज के लिए दो लाख पचास हजार रुपये का खर्च किया गया जो कि मैं यह खर्च उठाने में असमर्थ हूँ, अतः आपसे निवेदन है कि मेरी बेटी के इलाज के लिए सहायता प्रदान करें।

दिनांक
07-02-2021

बेटी का नाम- दिशा

उम्र- 16 महीने

पता- नौरा सेक्टर-105

(सु०५१०)

आपकी अति कृपा होगी।

आफ़ता प्रार्थना-

उमेश



**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2003150/20-21
Room No. 510 Catagory
Date of Admission 07/02/2021



Name BABY, DISHA
S/o, D/o, W/o MR. UMESH

Occupation

Age 1.5 YEAR Sex F

Religion HINDU

Father's / Husband's Name

Address SEC - 105, NOIDA

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accopanying relative

(FATHER)

Phone : Office Res.

R.M.O. Dr. S.K. BENERA Informed at 11:24 AM

Admitting Dr. ASHOK K VERMA Informed at 11:24 AM

Tinkl
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.

3/2/21
Signature of Patient / Relative

Unit / Consultant DR. ASHOK 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.

EMERGENCY ASSESSMENT

9840

NAME BABY DISHA AGE / SEX F/1.5 DATE 7.2.2021 UHID 1130/AM

Personal History

Alcohol / Smoking / Tobacco

Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication

Vaccination Status

Initial Assessment &

Examination

Pulse Rate - 138 bpm

B P - 110/70

Resp Rate - 24

Temp - 99.4

Ht / Wt - 9 kg

Investigations

Chief Complaints

Child playing near the "Chullah" where a boiling milk pot was there. The entire boiling milk pot fell on the child at back and she sustained thermal burn at the lumbar area.

Treatment

Area of burn



15-20% burn

1. T.T. Oral in bed -
2. Syntex 2mg/kg plus Sal TDS
3. Syntex Clavam 7.5ml BD
4. W.F. RL C 350ml 8 hourly with one ml qd till 9 PM.
5. Heat dressing
6. Normal diet -
7. ORS powder to consume - one packet

Name & Sign Of Doctor

DR. (Col) S. K. BEHERA
CCMO
DMC
Reg No. 48043
NAYAK HOSPITAL, NOIDA

Dietary Advise & Preventive Care

Spoken to DR. A. K. Verma

