



Ref. No.: FRR/Vinayak/1061/2020-21

Dated: 03.02.2021

## PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Harshita .

Sex: Female Age: 4 years .

Father Name: Mr. Anil Kumar Sharma.

Address: Sector 86 Noida, Gautam Budh nagar(U.P.) .

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 03/02/2021

**Overall Analysis:** The patient - Baby Harshita was brought in to our hospital by her father - Mr. Harshita on 3rd Feb. 2021. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot cooking oil while she was at home. Her mother was warming cooking oil for making food suddenly she contacted with that oil and she 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 left and right legs area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 4 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 2 Weeks of treatment.

Funds - Hospital Stay(ICU and Ward)	24,500.00
Funds - RMO, Nursing, Consultants & Specialists	26,500.00
Funds - Dressing & Procedures	62,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	76,000.00
Funds - Pathology & Diagnostics	12,000.00
<b>Total (in numbers)</b>	<b>205,000.00</b>

Total (in words):

Two Lakh Five Thousand 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	205,000.00
Stage 2	10,000.00
Total (in numbers)	215,000.00
Total (in words):	Two Lakh Fifteen Thousand Only

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



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 अध्यापक

सिखिफ डीप्टा ट्रस्ट

सी-63 बेसमेंट साउथ इन्स माई-2

नई दिल्ली-49

विषय - आप्रियंक सहायता हेतु प्रार्थना-पत्र  
महोदय,

सविनय निवेदन यह है, मेरा नाम अनिल कुमार शर्मा है।  
मेरा निवास स्थान सेक्टर-36 नोरगा में स्थित है।  
मेरी एक बेटी है जिसका नाम हार्पिता शर्मा है जिसकी  
आयु चार वर्ष की है। मेरी बेटी घर में खेल रही थी  
अचानक खेलते-खेलते वह बगीचे में गयी जहाँ मेरे  
पास पहुँच गयी जिससे वह जख्मी हो गई। इसके इलाज के  
लिए मैं उसे नोरगा के सिविल हॉस्पिटल लेकर गया  
और ट्रिपल 03-02-2021 को वहाँ पर भर्ती कराया वहाँ  
पर उसके इलाज के दौरान डॉ. लाल मन्ना हमार लगे  
का खर्च बताया गया जो कि मैं यह खर्च उठाने में  
असमर्थ हूँ। आपसे निवेदन है कि मेरी बेटी के  
इलाज के लिए सहायता प्रदान करें।

आपकी हार्पिता बच्ची होगी।

आपका प्रार्थी

अनिल कुमार शर्मा

डिप्टा  
03-02-2021

हार्पिता शर्मा

उम्र - 4 वर्ष

पता - सेक्टर-36 नोरगा

(हस्ताक्षर)





# VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2003094/20-21

Room No. 510 Category .....

Date of Admission 03/02/2021



Name BABY. HARSHITA SHARMA Unit / Consultant DR. ASHOK KUMAR VERMA

S/o, D/o, W/o MR. ANIL KUMAR SHARMA

Occupation .....

Age 4 YRS Sex F

Religion HINDU

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

Address SEC - 86, NOIDA

Phone : Office .....

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

For Rs. ....

Name & Address of accompanying relative .....

Phone : Office .....

R.M.O. Dr. ASHUTOSH Informed at 02:16 PM

Admitting Dr. ASHOK KUMAR VERMA Informed at 03:16 PM

Tinku  
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]  
Signature of Patient / Relative

Date of Discharge .....

Provisional Diagnosis .....

Final Diagnosis .....

Infectious nature of disease : Yes/No

Outcome : Stable / Improved / Cured / Died

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 .....

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. ....



9776

## EMERGENCY ASSESSMENT

NAME BABY HARSHITA AGE / SEX 4/F DATE 3/2/21 UHID 2003094

### Personal History

Alcohol / Smoking / Tobacco

Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

JTHER

Menstrual History

Current Medication

Vaccination Status

Initial Assessment &

Examination

Pulse Rate - 100bnt

BP - 1

Resp Rate - 22

Temp - 98.6 F

Ht / Wt - 10 kg

### Chief Complaints

Pl's brought to Casualty @

H/O - Thermal Burn on 02/02/2021.

2 f/o - Scald burn over R/L Lower limb.

- Multiple large Blister formation over R/L Lower limb.

- High grade fever 3 morning

- Pain at Burning site.

- Burning sensation over Burning site.

- Poor oral intake.

- Gen. discomfort.

### Treatment

TBSA = 12%. Superficial to deep.

Adv - Admission to Dr. A.K. Verma.

Plan - Wound debridement & LA @ Blister removal.

Ap - Syt Augmentin 1000 3ml TDS - Stop.

- Syt Zovigeric 3ml TDS

- Syt Atoz 3ml OD

- Dressing

- 200 N/A @

Name & Sign Of Doctor

*[Signature]*

CASUALTY MEDICAL OFFICER  
VINAYAK HOSPITAL

### Investigations

CVS - 5, 5.1

CNS - MAD

RS - A & B / 1

RNA - 5.1 / 3.5

RBS - 76 mg/dl

Dietary Advise &

Preventive Care

Soft Diet

- Zj. Amikacin 150mg BD
- Zj. Augmentin 500mg BD.
- Zj. Pantop 20 mg 2000
- Zj. Dynapar 30mg 20 stat / sos.

CASUALTY MEDICAL OFFICER  
VINAYAK HOSPITAL  
CHIDAMBARAM

reliefindiatriust.org

