



Ref. No.: FRR/Vinayak/1021/2022-23

Dated: 31.07.2022

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Masoom.

Sex: Male **Age:** 1.5 Years .

Father Name: Mr.Sultan.

Address: Sector 126 Noida (U.P.).

Diagnosis: Approx 25% Thermal Burn.

Date of Admission: 31/07/2022

Overall Analysis: The patient - Master Masoom - was brought in to our hospital on 31st July 2022. The child has sustained Thermal Burn Injury due to accidentally coming in contact with boiled dal while he was playing at home. His mother was making dal for family while he was playing near mother and suddenly he contacted with boiled dal and he got burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 25% TBSA Thermal Burn Injury. The Burns is on right hands area, abdomen area and chest area. 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.

Visuals:



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) | 55,000.00 |
| Funds - RMO, Nursing, Consultants & Specialists | 56,000.00 |
| Funds - Dressing & Procedures | 48,000.00 |
| Funds - Rehabilitation (Physiotherapy) | 3,000.00 |
| Funds - Medicines + Consumables + Transfusions | 42,000.00 |
| Funds - Pathology & Diagnostics | 12,000.00 |
| Total (in numbers) | 216,000.00 |

Total (in words):

Two Lakh Sixteen 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 | 4,000.00 |
| Total (in numbers) | 4,000.00 |
| Total (in words): | Four Thousand Only |
| Fund Requirement - TOTAL | |
| Stage 1 | 216,000.00 |
| Stage 2 | 4,000.00 |
| Total (in numbers) | 220,000.00 |
| Total (in words): | Two Lakh Twenty Thousand Only |

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Master Masoom.



For Vinayak Hospital
(A Division of Vinayak Hospital)
5th Floor, Vinayak Hospital, Sector 27, Atta Market,
NH - 1, Noida - 201301 (UP)

AO/AD

भैरा में

श्रीमान अध्यक्ष
रिलीफ इंडिया ट्रस्ट
सी 63 लेसमैन्ट साउथ रूवस पार्क - 2
नई दिल्ली - 49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय - अतिनय निवेदन रहा है की भैरा नाम सुल्तान
है। भैरा निवास रैवत - 126 नौरडा में स्थित
है। भैरा शक बेठा है। जिसका नाम मासूम
है। जिसकी आयु शक साल पांच महीने है।
भैरा बेठा घर में खेल रहा था। तभी अचानक
भैरा बेठा गर्म दाल के समपर्क में आ
गया और धूल गारा जिसके कारण मैं
उसे नौरडा के विनायक अस्पताल लेकर
गया और वहां दिनांक 31-04-2022 को
वहां पर भर्ती कराया वहां पर उसके इलाज
के लिए दो लाख बीस हजार रुपये का
खर्चा बताया गया है। जो की मैं 'राह खर्च'
उठाने में असमर्थ हूँ अतः आपसे निवेदन
है की भैरा बेठे की सहायता प्रदान करें।

बेठे का नाम - मासूम

उम्र - शक साल पांच
महीने

पता - रैवत - 126
नौरडा

आपकी अति कृपाओं
आपका प्रार्थी
सुल्तान

सुल्तान

दिनांक
31-04-2022



VINAYAK HOSPITAL™

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

V.H. No. 2202032 122-L3
Room No. 204 Category
Date of Admission 31/07/2012

Name MASTER. MASOOM

S/o, D/o, W/o MD. SULTAN

Occupation

Age 1 YR 6 MONTH Sex M

Religion MUSLIM

Father's / Husband's Name

Address SEC-12G, NOIDA

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

(FATHER)

Phone : Office Res.

R.M.O. Dr. ASIF SUHAIL Informed at 01:40 PM

Admitting Dr. AMIT KUMAR Informed at 01:40 PM

Linka
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.

Sultan

Signature of Patient / Relative

Unit / Consultant DR. AMIT KUMAR

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



3519

16156

EMERGENCY ASSESSMENT

3519

NAME neuter masoom AGE / SEX 1.5 y/m DATE 31.7.22 UHID

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 -

B P -

Resp Rate -

Temp -

Ht / Wt -

Investigations

Chief Complaints

130PM

Brought by maternal
neph (STBT) at 130PM
No Accidentally put left
hand in a boiling bowl
cooked dal at home
at -

Time 530PM

30.7.22

Treatment

No sustaining burn of
RT forearm area, Lt side
fingers, a little bit on Lt thigh
Extent 25% superficial
Genitalia spared, spared
urine -
Lungs - clear
CVS - b7 b2 (15)
PA - b7

G.C. - good

- ① Dressing changed
- ② Fresh dressing with silverex
- ③ Sy: TT. 0.5ml IM
- ④ Syrup Ibuprofen 5ml TDS

Advice to DR MIT

Name & Sign Of Doctor

VINAYAK HOSPITAL
Noida
Reg No. 48048
DMC
MBBS
CCMO
DR. (COL) S. K. BEHERA

Dietary Advise &
Preventive Care

