Ref. No.: FRR/Vinayak/1063/2021-22

Dated: 17.04.2021

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name:Baby Sharshti .
Sex: Female **Age:** 7 Months .
Father Name: Mr.Bablu.
Address: B-36, Nilothi Villege Nagloi Delhi.
Diagnosis: Approx 45% Thermal Burn.
Date of Admission: 17/04/2021

Overall Analysis: The patient - Baby Sharshti was brought in to our hospital by her father - Mr.Bablu Kumar on 7th April 2021.The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot Gas cylender fire while she was at home. The child was at home ,while her mother was cooking,suddenly gas cylender caught fire and she contacted with fire and suffered 2nd & 3rd degree burns . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 45% TBSA Thermal Burn Injury. The Burns are on face area,hand area,legs area and back area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 7 Months, 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 .

Visuals:

Fund Requirement - During Hospital Stay

Please find below the detailed fund requirement for the first 4 Weeks of treatment.

Funds - Hospital Stay(ICU and Ward)	84,000.00
Funds - RMO, Nursing, Consultants & Specialists	65,000.00
Funds - Dressing & Procedures	72,000.00
Funds - Rehabillitation (Physiotheraphy)	5,000.00
Funds - Medicines + Consummables + Transfusions	94,000.00
Funds - Pathology & Diagnostics	25,000.00
Total (in numbers)	345,000.00
Total (in words):	Three Lakh Fourty Five 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	**5,000.00**
Total (in numbers)	**5,000.00**
Total (in words):	**Five Thousand Only**
Fund Requirement - TOTAL	
Stage 1	**345,000.00**
Stage 2	**5,000.00**
Total (in numbers)	**350,000.00**
Total (in words):	**Three Lakh Fifty Thousand Only**

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

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

रिलिफ इंडिया ट्रस्ट

सी-63 बेसमेन्ट साउथ एक्स मार्ट-2

नई-दिल्ली-49

विषय- आर्थिक सहायता हेतु प्रार्थना-पत्र

महोदय,

सविनय निवेदन यह है मेरा नाम बबलू है मेरा निवास स्थान दिल्ली में स्थित है मेरी एक बेटी है जिसका नाम श्रीदेवी है जिसकी आयु 7 महीने है मेरे घर में शुरू गैस लीकेज होने के कारण लग गयी जिसकी चपेट में मेरी बेटी आ गयी जिससे वह जल गयी उसके इलाज के लिए मैं एक नारंगा के विनायक हॉस्पीटल लक्कड़ गया और दिनांक 17-04-2021 को वहां पर भर्ती कराया वहां पर उसके इलाज के लिए तीन लाख पचास हजार रुपये का खर्चा बताया गया जो कि मैं यह खर्च उठाने में असमर्थ हूं अतः आपसे निवेदन है मेरी बेटी के इलाज के लिए सहायता प्रदान करें।

दि-17-04-2021

बेटी का नाम- श्रीदेवी
उम्र- 7 महीने
पता- दिल्ली

आपकी अति कृपा होगी,
आपका प्रार्थी
बबलू

VINAYAK HOSPITAL™

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

V.H. No. 2100254/21-22

Room No. 511 Catagory .....

Date of Admission 17/04/2021

Name BABY . SHARSHTI

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

Occupation .....

Age 7 Month Sex F

Religion HINDU

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

Address B-36 , N120TH1-VILL

NAG201 , DEL HI

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

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

For Rs. .....

Name & Address of accopanying relative .....

.....

.....

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

R.M.O. Dr. ASHOK KUMAR Informed at 3:43PM

Admitting Dr. ASHOK K VERMA Informed at 3:43PM

Rinku

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.

mairam

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. .....

Authorised Signatory

24
40
00
60

CASE SHEET

A Unit of Chaudhary Nursing Home Pvt. Ltd.
NH-1, Sector-27, Atta, Noida-201301

VINAYAK HOSPITAL

VH No. .... Ward/Bed .... Name Sharishti .... Age/Sex ....

Consultant/Unit .... D.O.A. ....

PROGRESS NOTES

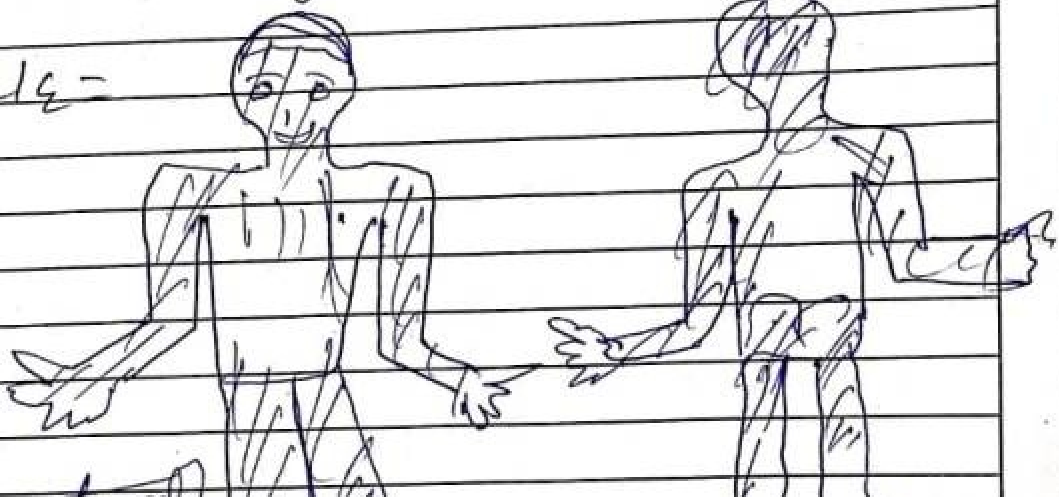
17/4/21

BW = 6.5 kg

c/o = Thermal burn — face, head, Neck, B/L U/L, B/L LL
↓ since 03 day ago
- pt. in shock (hypovolemic)
- loose moto

O/E = Pt. G.C. poor
Afebrile
CFT = >3sec
Hydration ↓se

L/E =



TBSA = 50%

Poor prognosis Explained

CBC, KFT
+ foley's catheter

adv
- ↑ oral liquid diet
- i.v. fluid RL/DNS @ 400ml in first 8 hour (50ml/hr)
- i.v. fluid RL/DNS @ 400ml in next 16 hour (50ml/2hour)