



Ref. No.: FRR/Vinayak/1101/2021-22

Dated: 04.12.2021

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Soni .

Sex: Female Age: 3 years .

Father Name: Mr.Atul Kumar.

Address: Khora Colony Ghaziabad (U.P.).

Diagnosis: Approx. 25% Thermal Burn.

Date of Admission: 04/12/2021

Overall Analysis: The patient - Baby Soni - was brought in to our hospital by her father - Mr.Atul Kumar on 4th December 2021. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot milk while she was at home. Her mother was warming milk suddenly she contacted with hot milk and was 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 left hand area, abdomen area, chest area and both 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 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	65,000.00
Funds - RMO, Nursing, Consultants & Specialists	55,000.00
Funds - Dressing & Procedures	52,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	52,000.00
Funds - Pathology & Diagnostics	12,000.00
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 Only

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



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 फंडिंगा ट्रस्ट

पी 63 वेरमोन्ट स्माउथ स्ट्रस पार्क - 2

नई दिल्ली - 11

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

गोहोदय

स्मृतिगत निवेदन यह है। कि मेरी नाम अतुल कुमार है। मेरी निवास शेरश कॉलोनी G2B (U.P) में स्थित है। मेरी रुक लेती है। जिसका नाम सोनी है। जिसकी आयु 11 वर्ष है। मेरी लेटी घर में रहती रही थी। तभी। अचानक मेरी गर्म दूध के समझ में आ गई और जल गई। जिसके कारण छलाय के लिए मैं उसी नौशडा के विनायक हॉस्पिटल लेकर गया और वहां दिनांक 04-12-2021 को वहां पर सर्जरी कराया वहां पर उसके इलाज के लिए दो लाख पचास हजार रुपये का खर्चा बताया गया है। जो की मैं यह खर्च उठाने में असमर्थ हूँ अतः आपसे निवेदन है। की मेरी लेटी की सहायता प्रदान करें।

लेटी का नाम-सोनी

उम्र - 11 साल

पता - शेरश कॉलोनी

G2B (U.P)

आपकी अति रुज होगी

आपका मार्च

अतुल कुमार

Atul Kumar

दिनांक
04-12-2021

13698

EMERGENCY ASSESSMENT

NAME BABY Soni AGE / SEX 03/F DATE 4.12.21 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 - 98 bpm

B P - 90/60 mmHg

Resp Rate - 24 bpm

Temp - 98.4 °F

Ht / Wt - 15 kg

BP 90/60

Investigations

RBC 114 mg/dl

Chief Complaints

3:55 PM
Brought by father
H/o Burn at LT axilla and
ant aspect of arm
today back
seen and admitted
by Dr. AK Verma

Treatment

Examine of burn
Can not lift
left arm
G.C. good
to day
abd
follow the orders of
Dr. AK Verma
High protein normal
diet

506

Dietary Advise &
Preventive Care

Admitted by
Dr. AK Verma

Signature
Name & Sign Of Doctor
DR. (COL) S. K. BEHERA
CCMO MBBS
DMC Reg No. 48048
VINAYAK HOSPITAL, NOIDA



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2104606 21-22
Room No. 506 Category
Date of Admission 04/12/21



Name BABY SONI
S/o, D/o, W/o MR. ATUL KUMAR
Occupation
Age 03 YRS Sex F
Religion HINDU
Father's / Husband's Name
Address KHORA COLONY
G12B U.P.
Phone : Office Res.
Advance Receipt No. Date 04/12/21
For Rs.

Name & Address of accompanying relative
FATHER (ATUL KUMAR)

Phone : Office Res.
R.M.O. Dr. S.K. BEHERA Informed at 03:26 PM
Admitting Dr. ASHOK VERMA Informed at 03:12 PM
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.

Ashok Verma
Signature of Patient / Relative

Unit / Consultant DR. ASHOK 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

