



Ref. No.: FRR/Vinayak/1018/2022-23

Dated: 08.06.2022

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Tani .

Sex: Female Age: 6 years .

Father Name: Mr.Devender Kumar.

Address: House Number 108 J J Colony Wazirpur Delhi-52.

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 08/06/2022

Overall Analysis: The patient - Baby Tani was brought in to our hospital by her father - Mr.Devender Kumar on 8th June 2022. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot water while she was at home. Her mother was warming water for family suddenly baby tani contact with this hot water and she got 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 legs,back area and hips area . The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 6 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	45,000.00
Funds - Dressing & Procedures	62,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	55,000.00
Funds - Pathology & Diagnostics	12,000.00
Total (in numbers)	243,000.00

Total (in words):

Two Lakh Forty Three 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	7,000.00
Total (in numbers)	7,000.00
Total (in words):	Seven Thousand Only
Fund Requirement - TOTAL	
Stage 1	243,000.00
Stage 2	7,000.00
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 Tani.



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 अद्ययश

रिलीफ इंशुरेंस ट्रस्ट

सी - 63, बैसमैंट साउथ एक्स पटि - 2

नई दिल्ली - 110009

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय, साविनय निवेदन यह है कि मेरा नाम देवेन्द्र कुमार है। मेरा निवास, मकान नंबर - 108 जे.जे. कॉलोनी वजीरपुर दिल्ली में स्थित है। मेरी एक बेटी है। जिसका नाम लोनी है। जिसकी आयु छह वर्ष है। मेरी बेटी घर में खेल रही थी तभी अचानक मेरी बेटी गर्म पानी के संपर्क में आ गई और जल गई और जिसके कारण मैं उसे नोएडा के विनायक अस्पताल लेकर गया और वहां दिनांक 08-06-2022 को वहां पर भर्ती कराया वहां पर उसके इलाज के लिए दो लाख पचास हजार रुपये का खर्चा बरादा गया है। जो कि मैं यह खर्च उठाने में असमर्थ हूँ। अतः आपसे निवेदन है कि मेरी बेटी की सहायता प्रदान करें।

दिनांक

08.06.2022

बेटी का नाम - लोनी

उम्र - छह वर्ष

पता - मकान नंबर 108

जे.जे. कॉलोनी वजीरपुर

दिल्ली

आपकी अति कृपा होगी

आपका प्रार्थी

देवेन्द्र कुमार

देवेन्द्र कुमार

MLC No. 3996

UHD No- P2202206



VINAYAK HOSPITAL™

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

V.H. No. 2201169 / 22.23
Room No. 201 Category
Date of Admission 08/06/2022

Name BABY TONI
S/o, D/o, W/o MR. DEVENDER KUMAR
Occupation
Age 6 YRS Sex F
Religion HINDU
Father's / Husband's Name
Address H.No. 108, J.T. Colony
Wazirpur, Delhi - 110052
Phone : Office Res.
Advance Receipt No. Date
For Rs.

Name & Address of accompanying relative
(FATHER)

Phone : Office Res.
R.M.O. Dr. Asif Sultan Informed at 05.42h
Admitting Dr. Asif Sultan Informed at 05.42h

Tulsi
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.

Asif Sultan
Signature of Patient / Relative

Unit / Consultant

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



MLC-3996

EMERGENCY ASSESSMENT

15591

NAME Baby Toni AGE / SEX 6Y/F DATE 08/06/22 UHID

Personal History

Alcohol / Smoking / Tobacco

Chewing / other ☐

Allergy Not known

Past History ☐

Diabetes / HT / IHD / TB ☐

OTHER

Menstrual History ☐

Current Medication ☐

Vaccination Status ☐

Initial Assessment &

Examination

Pulse Rate - 120bpm

B P -

Resp Rate - 24bpm

Temp - 98.6°F

Ht / Wt - 122 / 18kg

SpO2 - 98% on RA

Investigations

RBS - 98 mg/dL

Chief Complaints

A 6 years old female baby patient brought to the casualty & H/O scaled Burn on 15/05/22 at approx 9:00am. due to patient fall in Bucket which was filled with Hot water. while patient is playing at her home.

Treatment

C/F. Burn on B/L Buttocks, B/L leg (posterior side).

C/O. Pain & itching on burning site. Back dehydration ☐. front



Dietary Advise & Preventive Care

as per diet as tolerable.

TBSA $\approx$ 30%.
A Scaled Burn.

Name & Sign Of Doctor

PTO

Wt MONDOCEP 750 gm — 12-12-2021.
Wt AMERACEN 150 mg. — 12/12/2021.
Syr. CEFVOCETRIZIN — 3ml - 20/12/21
Syr. VITAMIN-C — 5ml - 20/12/21
Rest R as advised by her
Consultant.


08/06/22.

www.reliefindiatriust.org

