



Ref. No.: FRR/Vinayak/1075/2021-22

Dated: 08.06.2021

## PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Master Abhi.

**Sex:** Male **Age:** 1 year 9 Months .

**Father Name:** Mr. Amit Thakur

**Address:** Saraswati Vihar Khora Coloney Ghaziabad Near Kavita Place.

**Diagnosis:** Approx 35% Thermal Burn.

**Date of Admission:** 07/06/2021

**Overall Analysis:** The patient - Master Abhi - was brought in to our hospital by his father - Mr. Amit Thakur on 7th June 2021. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot oil while he was playing at home. His mother was making food and suddenly he contacted with hot oil and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 35% TBSA Thermal Burn Injury. The Burns is on right hand, head area and 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 1 Year 9 months 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 4 Weeks of treatment.

Funds - Hospital Stay(ICU and Ward)	45,500.00
Funds - RMO, Nursing, Consultants & Specialists	47,500.00
Funds - Dressing & Procedures	68,000.00
Funds - Rehabilitation (Physiotherapy)	3,000.00
Funds - Medicines + Consumables + Transfusions	67,000.00
Funds - Pathology & Diagnostics	15,000.00
<b>Total (in numbers)</b>	<b>2,46,000.00</b>
<b>Total (in words):</b>	<b>Two Lakh Forty Six Thousand Only</b>

#### 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	2,46,000.00
Stage 2	4,000.00
Total (in numbers)	2,50,000.00
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 Master Abhi.



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

AQ/AD



सेवा से, श्री मान अध्यक्ष

रिफा इण्डिया ट्रस्ट

सी-63 बेसमेन्ट आशुय सम्मेलन पार्क-2

नई दिल्ली - 49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय,

सविनय निवेदन यह है कि मेरा नाम अमित ठाकुर  
हूँ मेरा निवास स्थान सरस्वती बिहार, कोरा कालोनी  
गाजियाबाद, नियर कबिता पेंटिंग हूँ मेरा एक बच्चा है  
जिसका नाम अभी है जिसकी आयु 1 साल नॉ महिने  
है। मेरी पत्नी सैंडे (6/6/2021) शाम को खाना बना रही  
थी। गरम तेल मेरे बच्चे के ऊपर गिर गया। इस  
लिये मेरा बच्चा जल गया इसके इलाज के लिये  
मैं नोयडा के बिनायक हॉस्पिटल लेकर गया और  
(7/6/2021) शाम को भर्ती कराया। जिसमें इलाज के  
लिये टार्व लाख रुपये का खर्च बताया गया जो  
की मैं उठाने में असमर्थ हूँ मत! आपसे निवेदन है  
कि मेरे बच्चे के इलाज के लिये सहायता प्रदान करे  
आपकी अति कृपा होगी।

(आपका प्रार्थी)

अमित ठाकुर

बच्चे का नाम - अभी

उम्र - 1 साल नॉ महिने

पता - सरस्वती बिहार, कोरा

कालोनी गाजियाबाद, नियर

कबिता पेंटिंग

दिनांक  
8/6/2021

Handwritten signature



11681

## EMERGENCY ASSESSMENT

NAME Mrs. ABHI AGE / SEX 18 years DATE 7/6/24 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

Treatment

Chief Complaints

hr 10:10 pm

pt brought to the casualty

c/o H/O: thermal burn (scald)

@ 6:00 pm on 6/6/24 at home as told by attend

- Primary treatment taken in Sushri hospital on 6/6/24

LIFE: scald burn areas (R)

head & (R) side back of

trunk & (R) thigh & leg.

& girth area = 25 to 30%

c/o: pain & burning sensation. Thermal burn < 25-30% scald burn.

Def RL/MS: 30 ml in study & 30 ml in 16 hr

On Enema: 400 mg 5 times a day

On Analgesic: 80 mg 4 times a day

On Antibiotic: 400 mg 4 times a day

On Symp: A to 2

RBS - 116 mg/dl

Dietary Advise &

Preventive Care

What measures to be taken for the patient





# VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No.

2100958 / 21-22

Room No.

SOS

Category

Date of Admission

07/06/21



Name

MAST ABHI

S/o, D/o, W/o

MR. AMIT THAKUR

Occupation

Age

1 year 9 month

Sex

M

Religion

HINDU

Father's / Husband's Name

Address

SARASWATI VIHAR KHORA

Phone : Office

Res.

Advance Receipt No.

Date

For Rs.

Name & Address of accompanying relative

(FATHER)

Phone : Office

Res.

R.M.O. Dr.

PINTU

Informed at

10/6pm

Admitting Dr.

A.K

Informed at

10/6pm

VERMA

Receptionist

Unit / Consultant

DR. A.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

Shifted from Room No. to

On

Shifted from Room No. to

On

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 of Patient / Relative

Discharge Date Time Bill No. / R.No. Dated

For Rs. Received / Refundable after adjustment of advance Rs.

Authorised Signatory

