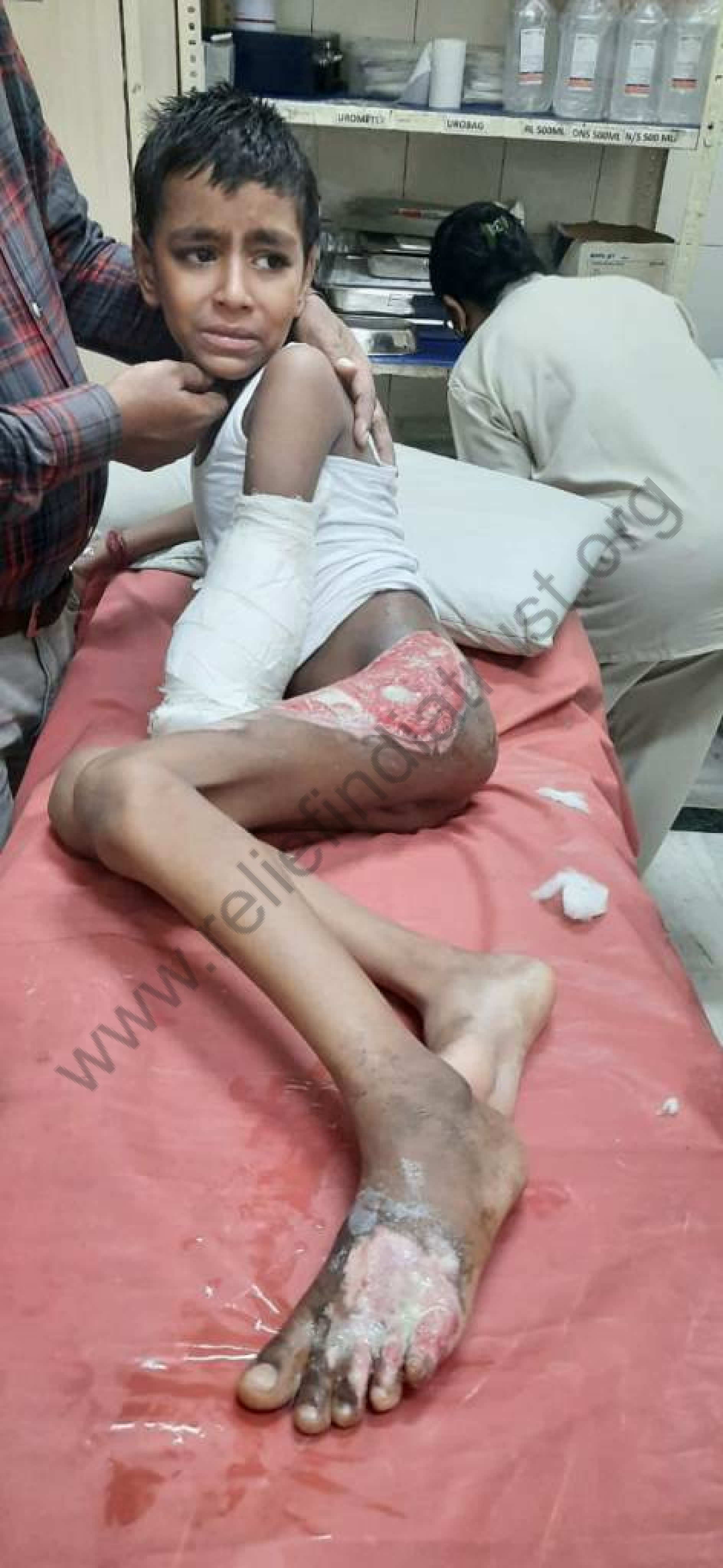

UROMETER
UROBAG
RL 500ML
DNS 500ML
N/S 500 ML

Ref. No.: FRR/Vinayak/1082/2021-22
Dated: 20.07.2021

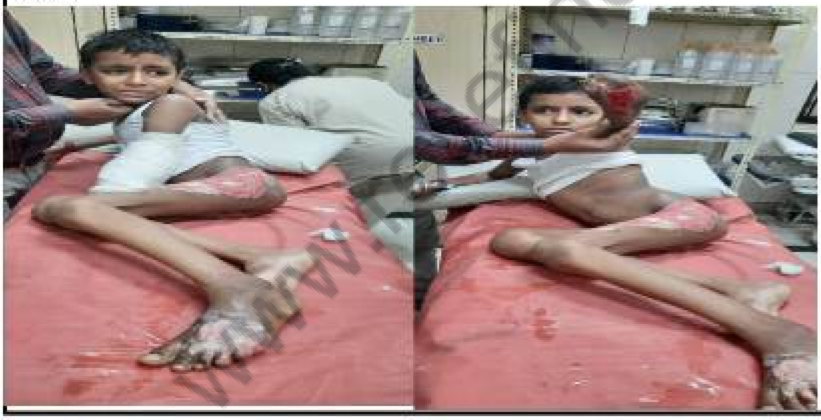
PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Aditya.
Sex: Male **Age:** 6 Years .
Father Name: Mr.Manoj.
Address: A-366,Gali Number 8 Mandoli Ext. Delhi-93.
Diagnosis: Approx 30% Electric Burn.
Date of Admission: 20/07/2021

Overall Analysis: The patient - Master Aditya was brought in to our hospital by his father - Mr.Manoj on 20th July 2021.The child has sustained Electric Burn Injury due to accidentally coming in contact with 11000 Voltage wire while he was playing at home on roof so that he got electric burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 30% TBSA Electirc Burn Injury. The Burns is on left hand and left leg 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(ICU and Ward)	**55,500.00**
Funds - RMO, Nursing, Consultants & Specialists	**45,300.00**
Funds - Dressing & Procedures	**72,500.00**
Funds - Rehabillitation (Physiotheraphy)	**3,000.00**
Funds - Medicines + Consummables + Transfusions	**55,700.00**
Funds - Pathology & Diagnostics	**15,000.00**
Total (in numbers)	**247,000.00**
Total (in words):	**Two Lakh Fourty Seven 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	**3,000.00**
Total (in numbers)	**3,000.00**
Total (in words):	**Three Thousand Only**
Fund Requirement - TOTAL	
Stage 1	**247,000.00**
Stage 2	**3,000.00**
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 Master Aditya.

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

AO/AD

सेवा मे,

श्री मान् अध्यक्ष
रिलिफ इण्डिया ट्रस्ट
सी-63 डेवलमेन्ट साउथ एक्स पार्ट-2
नई दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय - सविनय निवेदन है कि मेरा नाम मनोज कुमार है मेरा निवास स्थान - ए-366 गली नम्बर-8 मनडोली एक्सटेन्सन दिल्ली-93 है। मेरा एक लड़का है। जिसका नाम आदित्य कुमार है जिसकी उम्र 6 वर्ष है। (24/6/2021) बिजली की तार से करंट लग गया मेरा बच्चा जल गया जिसके इलाज के लिये मै उसे नोएडा के विनायक हास्पीटल लेकर गया (20/7/2021) को भर्ती कराया जहा पर उसके इलाज के लिये ढाई लाख रुपये का खर्च बताया गया जो कि मै खर्च उठाने मे असमर्थ हूँ अत! आपसे निवेदन है कि सहायता प्रदान करे आपकी अति कृपा करे।

आपका प्रार्थी
मनोज कुमार

बेटे का नाम - आदित्य कुमार
उम्र - 6 वर्ष
पता - ए-366; गली नम्बर :-8 मनडोली एक्सटेन्सन दिल्ली -93

दिनांक
(20/07/2021)

VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2101688/21-22

Room No. 502 Catagory

Date of Admission 20/07/21

NABH

Name MR. ADITYA KUMAR

[✓ S/o], D/o, W/o MR. MANOJ KUMAR

Occupation

Age 06 YRS Sex M

Religion

Father's / Husband's Name

Address A-366 GALI NO. 8
MANDOLI EXTN. DELHI-93

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accopanying relative

Phone : Office Res.

R.M.O. Dr. S.K BEHERA Informed at 11:53 AM

Admitting Dr. ASHOK VERMA Informed at 11:53 AM

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.

Signature of Patient / Relative

Unit / Consultant DR. ASHOK

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

VINAYAK
HOSPITAL

NABH

EMERGENCY ASSESSMENT

12051

NAME ADITYA AGE / SEX 06/M DATE 20.7.21 UHID

Personal History
Alcohol / Smoking / Tobacco Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication

Vaccination Status

Chief Complaints

11:50 AM.

06 year old child with Electrocution and Injury of left thigh from ant. supe. iliac spine to almost entire antero-lateral thigh a little above Lt knee. Lt foot lateral aspect ~~[illegible]~~ and amputation of Lt. arm below elbow is brought here 24 June

Injury occurred on [illegible] at 5 PM | at ~~[illegible]~~ Gol. [illegible], Samdoli Delhi 93. Surgery was done after 7 days.

Child was brought with old dressing. It was changed & photo sent to DR A.K. Verma. Lt arm amputed below elbow ~~was not~~ ~~[illegible]~~ - stump is healthy.

Child is co-op, urine bowel normal. C/o. Pain. Recurrent fever |

Swabs sent from two different places.

Inital Assessment & Examination

Pulse Rate - 120/min

B P -

Resp Rate - 28/min

Temp - 98.6 °F

Ht / Wt - 19 kg

SPO2 97%

Investigations

RBS - 104 mg.

Spoken to DR AK Verma

502

Treatment

① Inj. RL 500ml stat

② Inj. Panto IV OD

③ Inj. Dynapar 2ml IV stat

Behera

Dietary Advise & Preventive Care

Name & Sign Of Doctor

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

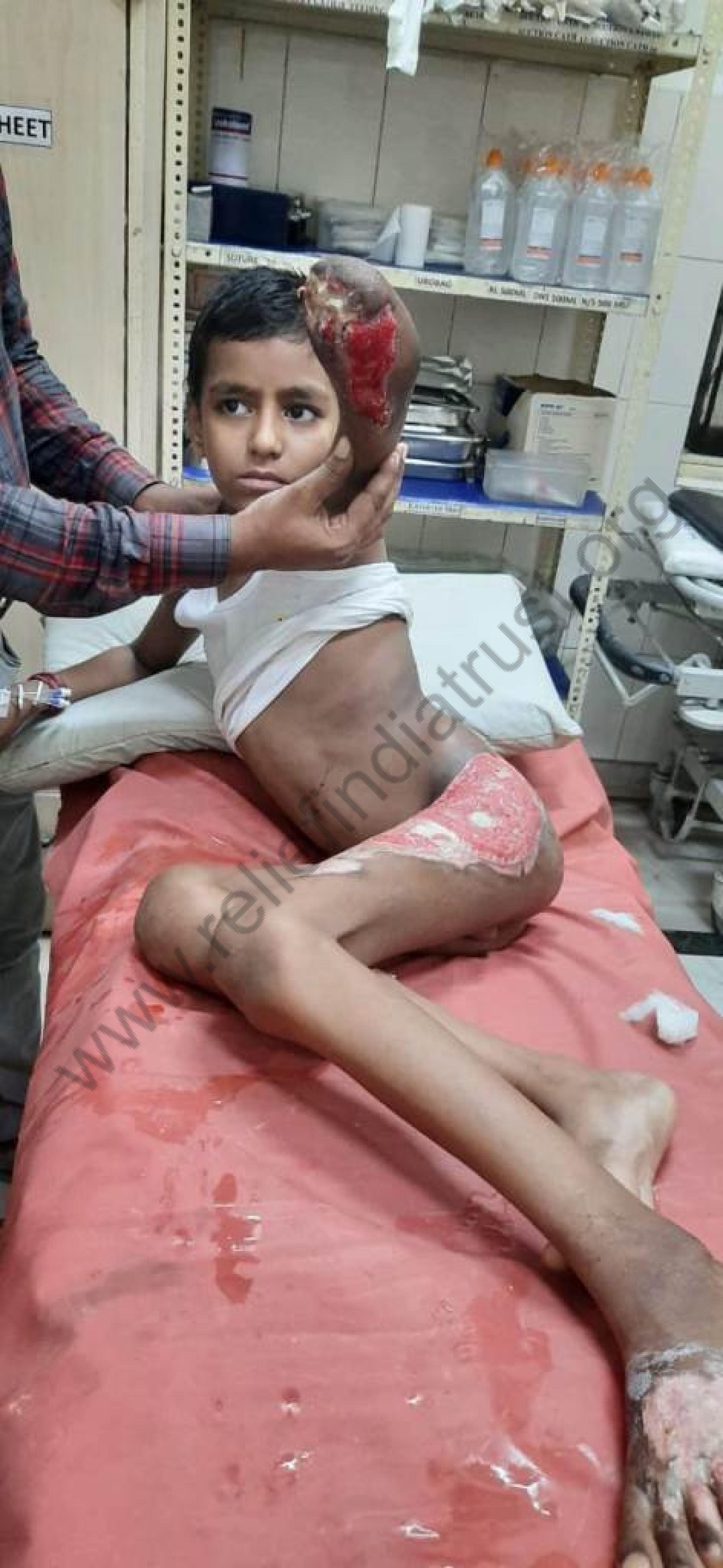
④ Syrup Becosule 10ml OD

⑤ Meticulous cleaning done
fresh dressing applied

⑥ High protein diet

Δ ⓐ EXTENSIVE ELECTRIC
BURN INJURY
ⓐ Amputation left arm
& Elbow joint.

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


HEET
SUTURE