



Ref. No.: FRR/Vinayak/1066/2020-21

Dated: 01.03.2021

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Arhan Khan .

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

Father Name: Mr.Mukin Khan.

Address: Sector 12 Noida, Gautam Budh nagar(U.P.) .

Diagnosis: Approx 25% Thermal Burn.

Date of Admission: 01/03/2021

Overall Analysis: The patient - Master Arhan Khan - was brought in to our hospital by his father - Mukin Khan - on 1st. March 2021. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot tea while he was playing at home. His mother was making tea near the cot where the child was kept when the child fell on utensil containing boiling tea. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 20 - 25% TBSA Thermal Burn Injury. The Burns are on the left-hand area, chest area and left Leg. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 9 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 and 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)	46,500.00
Funds - RMO, Nursing, Consultants & Specialists	42,500.00
Funds - Dressing & Procedures	73,000.00
Funds - Rehabilitation (Physiotherapy)	3,000.00
Funds - Medicines + Consummables + Transfusions	75,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	2,55,000.00

Total (in words): Two Lakh Fifty 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	2,55,000.00
Stage 2	5,000.00
Total (in numbers)	2,60,000.00
Total (in words):	Two Lakh Sixty Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Master Arhan Khan .



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 आदर्य

रिलीफ एंडिया ट्रस्ट

सी-63 वेसमेंट साउथ एक्सपार्ट-2

नई दिल्ली - 110019

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र

महोदय

सविनय निवेदन यह है, मेरा नाम सुकीन खान है।
मेरा निवास स्थान सेक्टर-12 नोएडा में स्थित है।
मेरा एक बेटा है जिसका नाम आरहान खान है।
जिसकी आयु नौ महीने की है। मेरा बेटा घर में
घर में खेल रहा था, खेलते, खेलते वह बाल
खी उसी क्षण के मास पकच गया, जिससे वह जल
गया, इससे रलाज के लिए मैं उसे नोएडा के विनायक
हॉस्पिटल लेकर गया और दिनांक 01-03-2021 को
वहाँ पर शर्ति कराया, वहाँ पर उसके रलाज के लिए
दो लाख साठ हजार रुपये का खर्च काया गया जो कि
मैं यह खर्च उठाने में असमर्थ हूँ, आपकी आर्थिक सहायता
है, मेरे बेटे के रलाज के लिए सहायता प्रदान करें।

दिनांक
01-03-2021

मेरे माता का नाम आरहान

पति - 9 महीने

पता - सेक्टर-12 नोएडा

(युवती)

आपकी आर्थिक सहायता

आपकी प्रार्थना

सुकीन



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2003487/20-21

Room No. 509 Category

Date of Admission 01/03/20-21



Name MASTER. ARHAN KHAN

S/o, D/o, W/o MR. MUKIN KHAN

Occupation

Age 9 Mm Sex M

Religion MUSLIM

Father's / Husband's Name

Address SEC - 12 NOIDA

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

(FATHER)

Phone : Office Res.

R.M.O. Dr. S.K. BENERA Informed at 8:33AM

Admitting Dr. ASHOK KUMAR Informed at 8:33AM

(Signature)
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)
Signature of Patient / Relative

Unit / Consultant DR. ASHOK KUMAR 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.



EMERGENCY ASSESSMENT

10235

NAME ARHAN KHAN AGE / SEX 9M / M DATE 1.3.21 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 - 150 / min

B P -

Resp Rate - 30 / min

Temp - 98.6 °F

Ht / Wt - 6 kg.

SpO2 - 94%

Investigations

RRS 257 ms / sec

509.

Chief Complaints

825 AM
Brought by parents
4 to 5 hot tea fell on the
body of the baby. at 7 AM
child was on the bed
and tea pot was just beside
the cot.

Treatment

Injury - Thermal burn
on entire chest +
left arm
- 1st knee
G.C. given - 20-25/-

- ① Sy. T.T. 0.5ml IM
- ② Sy. Voveran 10mg / IM
- ③ Sy. Anal 2mg
- ④ Syrup Echinadav 5ml T.D.S
- ⑤ Syrup Ibuprofen plus 5ml T.D.S
- ⑥ Syrup Mocalvit 5ml a.d

⑦ I.V.F RL 200ml - 8hrly.

⑧ both did -

Dietary Advise &
Preventive Care

Name & Sign Of Doctor

DR. (Col) S. K. BEHERA

CCMO

MBBS

Reg No. 24779

VINAYAK HOSPITAL, NOIDA