

Ref. No.: FRR/Vinayak/1099/2021-22

Dated: 25.11.2021

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Avik.

Sex: Male **Age:** 8 Months .

Father Name: Mr.Ashish.

Address: Vill. Bambavad Noida G.B. Nagar(U.P.).

Diagnosis: Approx 45% Thermal Burn.

Date of Admission: 24/11/2021

Overall Analysis: The patient - Master Avik was brought in to our hospital by his grandfather and mother on 24th November 2021.The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot water that his mother had kept near the bed and got burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 45% TBSA Thermal Burn Injury. The Burns is on left hand, chest 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 8 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.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)	45,500.00
Funds - RMO, Nursing, Consultants & Specialists	47,500.00
Funds - Dressing & Procedures	68,000.00
Funds - Rehabillitation (Physiotheraphy)	3,000.00
Funds - Medicines + Consummables + Transfusions	67,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	246,000.00
Total (in words):	Two Lakh Forty Six Thousand Only

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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	**246,000.00**
Stage 2	**4,000.00**
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 Avik.

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

AO/AD

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सेवा में,

श्रीमान अध्यक्ष
रिलीफ इन्डिया ट्रस्ट
फ्री 63 बेसमेन्ट साउथ एक्स पार्ट - 2
नई दिल्ली - 49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय

सविनय निवेदन यह है। कि मेरा नाम आशीष है। मेरा निवास तिलेज लम लालद, गौतम बुद्ध नगर, नौएडा, (U.P) में स्थित है। मेरा एक बेटा है। जिसका अर्विक है। जिसकी आयु आठ महीने है। मेरा बेटा घर में खेल रहा था। तभी अचानक मेरा बेटा गर्म पानी के सम्पर्क में आ गया और जल गया जिसके कारण इलाज के लिए मै उसे नौएडा के विनायक हॉस्पीटल लेकर गया और वहां दिनांक 29-11-2021 को वहां पर भर्ती कराया वहां पर उसके इलाज के लिए दो लाख पचास हजार रूपये का खर्चा बताया गया है। क्यो कि मैं यह खर्च उठाने मे असमर्थ हूं अत : आपसे निवेदन है की। मेरे बेटे की सहायता प्रदान करे !

बेटे का नाम - आशीष
उम्र - आठ महीने
पता - तिलेज - लम लालद
गौतम बुद्ध नगर नौएडा
(U.P)

आपकी अति कृपा होगी
आपका प्रार्थी
आशीष

दिनांक
29-11-2021

www.reliefindiatrust.org

MLC NO! - 3431

UHID - P2110480

VINAYAK HOSPITAL™

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

V.H. No. 2104396/21-22
Room No. 513 Catagory .....
Date of Admission 24/11/2021

Name MASTER. AVIK
S/o, D/o, W/o MR. ASHISH
Occupation .....
Age 8 MONTH Sex M
Religion HINDU
Father's / Husband's Name .....
Address VILL - BAMBAVAD,
G.B. NAGAR, NOIDA, U.P
Phone : Office ..... Res.....
Advance Receipt No. ..... Date .....
For Rs. .....
Name & Address of accopanying relative .....
.....
.....
Phone : Office ..... Res. .....
R.M.O. Dr. ASIF SUHAIL Informed at 03:31 PM
Admitting Dr AMIT KUMAR Informed at 03:31 PM

Tinkal
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. AMIT KUMAR
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

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VINAYAK HOSPITAL

MLC-3431

NABH ACCREDITED

(1)

EMERGENCY ASSESSMENT

13603

NAME Master. Avi'k. AGE / SEX 8 month/M DATE 24/11/21 @ 3:32pm. UHID .....

Chief Complaints

A. 8 months old. male baby brought to the casuality with

A/H/O. scaled Burn due to. hot water on 22/11/21 @ 3:00pm at he's own house. (Vill-Bambaval G.B Nayam. Navsari V.P)

Patient brought by his mama & mother.

Personal History
Alcohol / Smoking / Tobacco Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication

Vaccination Status

Inital Assessment & Examination **Treatment**

Pulse Rate - 164 mg/Bpm

B P - —

Resp Rate - 34 bpm.

Temp - 100°F

Ht / Wt - 8 Kg.

SPO2 ~97% on RA

Investigations

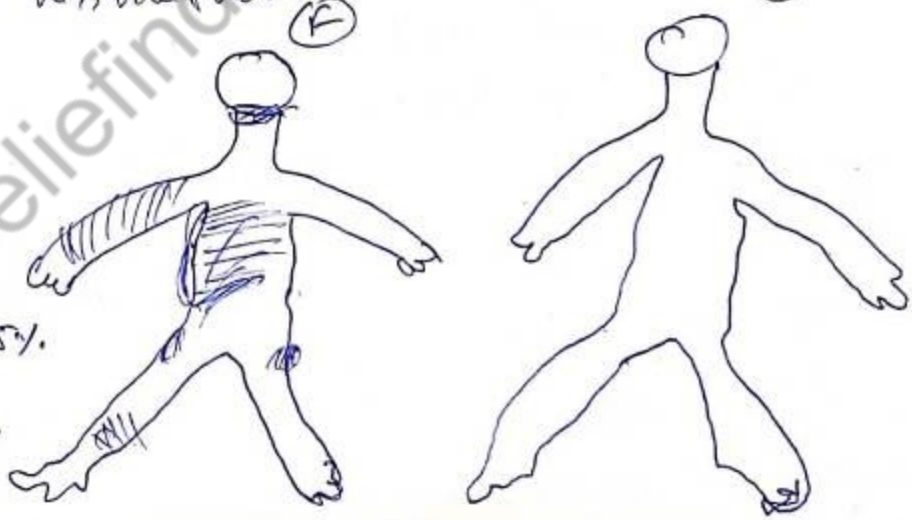
RBS — 135 mg/dl

TBSA ≃ 4.5%.

A scalded burn

Superficial to Dermis.

(F) (B)



C/F. Burn on. Jaundice., chest, (L) hand, thigh, leg (down)

C/O — Fever, pain & Burning sensation on Burn Site.

Amoxiclav Paediatric Emulsion

Dietary Advise & Preventive Care

Adv Patient admitted & Dr. Amin (Surgeon)

As advised by Dr. Amin

Name & Sign Of Doctor

PTO.

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NABH

(2)

EMERGENCY ASSESSMENT

NAME ..... AGE / SEX ..... DATE ..... UHID .....

Personal History
Alcohol / Smoking / Tobacco Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication

Vaccination Status

Inital Assessment & Examination

Pulse Rate -

B P -

Resp Rate -

Temp -

Ht / Wt -

Investigations

Chief Complaints

Treatment

Dietary Advise & Preventive Care

Name & Sign Of Doctor

MEDICAL OFFICER
CASUALTY
VINAYAK HOSPITAL, GOA

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