

Ref. No.: FRR/Vinayak/1006/2021-22

Dated: 09.01.2022

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Ayush Chauhan.

Sex: Male **Age:** 1 year 6 Months .

Father Name: Mr.Manoj Kumar.

Address: Sector 135 Noida G.B. Nagar (U.P.).

Diagnosis: Approx 31% Thermal Burn.

Date of Admission: 09/01/2022

Overall Analysis: The patient - Master Ayush Chauhan was brought in to our hospital by his father - Mr. Manoj Kumar on 9th January 2022. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot milk while he was playing at home while his mother warming milk. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 31% TBSA Thermal Bum Injury. The Burns is on hand, chest area, face area and neck 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 6 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 2 Weeks of treatment.

Funds - Hospital Stay(ICU and Ward)	35,500.00
Funds - RMO, Nursing, Consultants & Specialists	36,500.00
Funds - Dressing & Procedures	48,000.00
Funds - Rehabillitation (Physiotheraphy)	3,000.00
Funds - Medicines + Consummables + Transfusions	47,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	1,85,000.00
Total (in words):	One Lakh Eighty FiveThousand 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	**5,000.00**
Total (in numbers)	**5,000.00**
Total (in words):	**Five Thousand Only**

Fund Requirement - TOTAL	
Stage 1	**1,85,000.00**
Stage 2	**5,000.00**
Total (in numbers)	**1,90,000.00**
Total (in words):	**One Lakh Ninty Thousand Only**

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

VINAYAK HOSPITAL

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 इंडिया ट्रस्ट

थ्री 63 डेवलपमेन्ट एवेन्यू एक्सप्रेस पार्ट-2

नई दिल्ली -19

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय -

सविनय निवेदन यह है कि मेरा नाम मनोज कुमार है। मेरा निवास डेवलप - 135, नोएडा, U.P में स्थित है मेरा एक बेटा है। जिसका नाम आयुष चौहान है। जिसकी आयु एक साल छह महीने है। मेरा बेटा घर में खेल रहा था तभी अचानक मेरा बेटा गर्म दूध के सम्पर्क में आ गया और जल गया जिसके कारण मैं उसे नोएडा के विनायक हॉस्पिटल लेकर गया और वहां दिनांक 09-01-2022 को वहां पर भर्ती कराया वहां पर उसके इलाज के लिए एक लाख नब्बे हजार रुपये का खर्चा बताया गया गया है। की कि मै यह खर्च उठाने में असमर्थ हूं अत: आपसे निवेदन है। की मेरे बेटे की सहायता प्रदान करे।

दिनांक
09-01-2022

बेटे का नाम - आयुष
उम्र - एक साल छह महीने
पता - डेवलप - 135, नोएडा, U.P

आपकी अतिकृपा होगी
आपका प्रार्थी
मनोज
पूजा रानी

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VINAYAK HOSPITAL

MLC-3935

M.L.C.

14012

EMERGENCY ASSESSMENT

NAME ...Master Ayush chauhan AGE / SEX 1.6Y/M DATE 09/01/22 @ 10:49am. UHID P2112057

Personal History
Alcohol / Smoking / Tobacco Chewing / other -

Allergy N.A.D

Past History -

Diabetes / HT / IHD / TB -

OTHER

Menstrual History -

Current Medication -

Vaccination Status -

Chief Complaints

A. 1.6 years old male baby patient brought to the casuality by his parents c/o of scaled Burn due to Hot milk. on 07/1/22 at 9:30 pm appox at his home (H.N 84 Nangal wajidpur sector 135; Noida)

c/f. Burn on face. (RF) Ear. Neck (RF) Hand.

c/o. pain & Burning sensation on Burn site.

Inital Assessment & Examination
Pulse Rate - 180 bpm
B P - —
Resp Rate - 26 bpm
Temp - 99.8°F
Ht / Wt - 8kg
SPO2 - 97% on RA

Investigations
RBS : 128 mg/dl.

Treatment



A. Scaled Burn (superficial to deep) TBSA ≈ 31%.

Procedure - Dressing was c IOP Jelly 2% & Placentrex 2% gel.

IVFLUID RL - 175 ml in 12A 8 hrs then 175 ml in Next 16 hrs.
inj MONOCEF. 400mg - I'V - 12 hourly.
inj Metrogyl (80mg) I'V - 8 hourly.
inj Amikacin (60mg) I'V - 12 hourly.
inj PCM (20mg) I'V - 6 hourly.

Dietary Advise & Preventive Care
NPO till further order except Breastfeeding

Name & Sign Of Doctor
Dr. PINTU KUMAR
MBBS
Reg. No. DMC/R/21286
VINAYAK HOSPITAL NOIDA

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MLC NO - 3454

UHID No - P211257

VINAYAK HOSPITAL™

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

V.H. No. 2105399 / 21-22
Room No. 511 Catagory .....
Date of Admission 09/01/2022

Name MASTER. AYUSH CHAUHAN
S/o, D/o, W/o MR. MANOJ KUMAR
Occupation .....
Age 1.6 MONTH Sex M
Religion HINDU
Father's / Husband's Name .....
Address SEC-135, NOIDA
U.P.
Phone : Office ..... Res .....
Advance Receipt No. ..... Date .....
For Rs. .....
Name & Address of accopanying relative .....
(FATHER)
Phone : Office ..... Res. .....
R.M.O. Dr. ASIF SUHAIL Informed at 10:49AM
Admitting Dr. AMIT KUMAR Informed at 10:49AM

Tinkel
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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