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Ref. No.: FRR/Vinayak/1019/2022-23

Dated: 21.06.2022

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Gaurav.
Sex: Male **Age:** 3 Years .
Father Name: Mr.Ramesh.
Address: Mukherji Nagar GTB Nagar Delhi-110009.
Diagnosis: Approx 42% Thermal Burn.
Date of Admission: 21/06/2022

Overall Analysis: The patient - Master Gaurav was brought in to our hospital by his father - Mr.Ramesh on 21st June 2022.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 for family while he was playing near mother and suddenly he contacted with hot tea and he got burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 42% TBSA Thermal Burn Injury. The Burns is on leg area, hand, abdomen area, face area and back area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 3 Years and 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)	**35,000.00**
Funds - RMO, Nursing, Consultants & Specialists	**26,000.00**
Funds - Dressing & Procedures	**38,000.00**
Funds - Rehabillitation (Physiotheraphy)	**3,000.00**
Funds - Medicines + Consummables + Transfusions	**32,000.00**
Funds - Pathology & Diagnostics	**12,000.00**
Total (in numbers)	**146,000.00**
Total (in words):	**One 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	**146,000.00**
Stage 2	**4,000.00**
Total (in numbers)	**150,000.00**
Total (in words):	**One Lakh Fifty Thousand Only**

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

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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 अध्यक्ष
रिलीफ इंडिया ट्रस्ट
सी - 63, लेजमेंट साउथ एक्स पार्ट - 2
नई दिल्ली - 49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय - सविनय निवेदन यह है। कि मेरा नाम रमेश कश्यप है मेरा निवास मुखर्जी नगर जी. टी. बी नगर में स्थित है। मेरा एक बेटा है। जिसका नाम गौरव कश्यप है। जिसकी आयु तीन साल है। मेरा बेटा घर में खेल रहा था। तभी अचानक मेरा बेटा गर्म चाय के सम्पर्क में आ गया और जल गया जिसके कारण मैं उसे नोएडा के विनायक अस्पताल लेकर गया और वहाँ दिनांक 21.06.2022 को वहाँ पर भर्ती करवाया वहाँ पर उसके इलाज के लिए एक लाख पचास हजार रुपये का खर्चा बताया गया है। जो कि मैं यह खर्च उठाने में असमर्थ हूँ। अतः आपसे निवेदन है कि मेरे बेटे की सहायता प्रदान करें।

दिनांक
21.06.2022

बेटे का नाम - गौरव
आयु - तीन साल
पता - मुखर्जी नगर
जी. टी. बी नगर

आपकी अति कृपा होगी
आपका आभारी
रमेश कश्यप

रामेश

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MLC-3503 UHID- P2203210

VINAYAK HOSPITAL™

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

V.H. No. 2201389/22-23
Room No. 204 Catagory
Date of Admission 21/06/22

Name MASTER. GHAURAV KASHYAP
S/o, D/o, W/o MR. RAMESH KASHYAP
Occupation
Age 03 YRS Sex M
Religion HINDU
Father's / Husband's Name
Address ~~HOWRAGH~~ MUKHERJI NAGHAR GTB NAGHAR 110009
Phone : Office Res.
Advance Receipt No. Date
For Rs.
Name & Address of accopanying relative
FATHER (RAMESH)
Phone : Office Res.
R.M.O. Dr. ASIF SUHAIL Informed at 03:16 PM
Admitting Dr. ASHOK KUMAR VERMA Informed at 03:16 PM

~~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 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.

Authorised Signatory

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VINAYAK HOSPITAL

NABH

15703

EMERGENCY ASSESSMENT

NAME Gourav. AGE / SEX 03/M DATE 21/6/22 UHID P2203210

Personal History
Alcohol / Smoking / Tobacco Chewing / other ⊖
Allergy (NO) Any
Past History ⊖
Diabetes / HT / IHD / TB ⊖
OTHER
Menstrual History ⊖
Current Medication ⊖

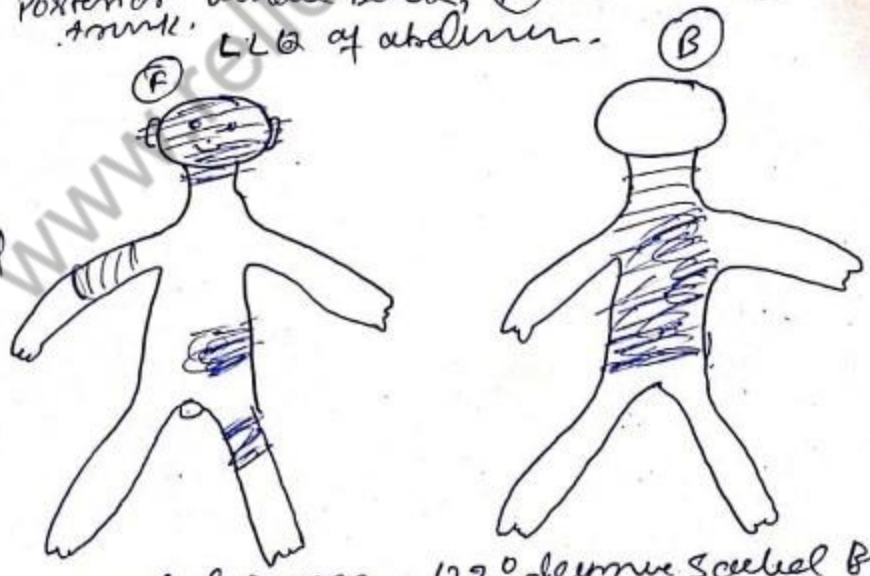
Vaccination Status

Chief Complaints (time 3:15 PM).

A 03 years aded male baby boy patient brought to the casuelity c/o.
Scaled Burn due to Hot tea. whole victim was fell in Boiling tea. on/ 21/06/22 at approx. 6:35pm at his home.
Patient head taken to in safdarjang hospital Delhi.

Inital Assessment & Examination
Pulse Rate - 140 mt
B P -
Resp Rate - 28 mt
Temp - 98.6
Ht / Wt - 10kg.
SpO2 - 99 2%.

Treatment
C/F. Burn on whole face. B/L Ear. Posterior whole Back, (RT) hand., (LT) thigh. Anterior. LLQ of abdomen.



A. Scaled Burn. (2° degree Scaled Burn)
TBSA = 42%.

Investigations
RBS. 90 mg/dl

Dietary Advise & Preventive Care
oral as tolerated.

Name & Sign Of Doctor
PTO.

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Inj - MONOCEF 500 mg — 12 hourly IV
Inj - AMIKACIN 70 mg — 24 hourly IV
SYP. IBUGESIC PLUS — 10 ml 100 mg 8 hourly
SYP - LEVOCETERZINE — 5ml - 12 hourly

Rest Rx as advised by
no's consultant

21/06/22.

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