





Ref. No.: FRR/Vinayak/1040/2020-21

Dated: 18.05.2020

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Hasnai.

Sex: Male **Age:** 1.5 Years .

Father Name: Mr.Riyazuddin.

Address: Sector 5 sharma market Noida (U.P.).

Diagnosis: Approx 25% Thermal Burn.

Date of Admission: 17/05/2020

Overall Analysis: The patient - Master Hasnai was brought in to our hospital by his father - Mr.Riyazuddin on 17th may 2020.The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot dal while he was at home. The child was playing at home and contacted with hot dal when his mother was making dal so that he burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 25% TBSA Thermal Burn Injury. The Burns are on legs area,hands area and face area . The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 1.5 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. Chest Physiotherapy sessions and Pressure Garments would also be advised to achieve the best possible results against a possible pulmonary collapse and for a contracture and scar free recovery .



Fund Requirement - During Hospital Stay

Please find below the detailed fund requirement for the first 2 Weeks of treatment.

Funds - Hospital Stay(Ward)	38,750.00
Funds - RMO, Nursing, Consultants & Specialists	38,250.00
Funds - Dressing & Procedures	50,600.00
Funds - Rehabillitation (Physiotheraphy)	2,000.00
Funds - Medicines + Consummables + Transfusions	52,400.00
Funds - Pathology & Diagnostics	8,000.00
Total (in numbers)	1,90,000.00
Total (in words):	One Lakh Ninty Thousand Only

Fund Requirement - Follow Up

Please find below the detailed fund requirement for Follow Up period of 10 Days 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	**1,90,000.00**
Stage 2	**5,000.00**
Total (in numbers)	**1,95,000.00**
Total (in words):	**One Lakh Ninty Five Thousand Only**

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

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

AO/AD

सेवा में,

प्रबंधक महोदय,
सिटिक इंडिया बैंक
सी - 63, सेक्टर साइड एक्स पार्ट - 2
नई दिल्ली - 49

विषय — आर्थिक सहायता हेतु प्रार्थना पत्र,

महोदय, सविनय निवेदन यह है कि मेरा नाम रियासुदीन है मैं सेक्टर - 5 शर्मा मार्किट नौएडा में रहता हूँ मेरा बेटा हसनई डेढ़ महीने से का है जो गर्म दाल के पानी में जल गया है जिसको मैं नौएडा मैकिनायक हॉस्पिटल ले आया हूँ जहां पर इसके इलाज का खर्च दो लाख बता रहे हैं जो की मैं ढहाने में असक्षम हूँ। इस विषय में आप मेरी मदद करें आपकी अति कृपा होगी मेरे बेटे के इलाज में मेरी सहायता प्रदान करें।

आपका अति कृपा होगी
आपका प्रार्थी
रियासुदीन

बेटे की उम्र - डेढ़ साल
बेटे का नाम - हसनई
पता - सेक्टर - 5 नौएडा
शर्मा मार्किट

VINAYAK HOSPITAL

6344

EMERGENCY ASSESSMENT

PET

Name: [illegible]

Age / Sex: 15 Y/Years

Personal History
Alcohol / Smoking / Tobacco
Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication

Vaccination Status

Chief Complaints

Initial Assessment & Examination

Pulse Rate - 170 bpm
B.P. -
Resp Rate - 24 bf
Temp -
Ht / Wt - 5'0"/55kg.

Treatment

Investigations

Left OPD.

CBC, CRP
ECG/HRD
Chest PA view
PBS for MP
RAC. 9.2 mg/dl

Dietary Advise & Preventive Care

Name & Sign of Doctor

MCC No: MCC – 8301

VINAYAK HOSPITAL™

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

V.H. No. 2000197/20-21
Room No. SLD Category
Date of Admission 17/05/20

Name MASTER HASNAIN
S/o/D/o/W/o MR. RIYAZUDDIN
Occupation
Age 1.5 YRS Sex M
Religion
Father's / Husband's Name
Address SEC-5 SHARMA MARKET NOIDA
Phone : Office Res.
Advance Receipt No. Date
For Rs.
Name & Address of accompanying relative MOTHER (RUKSANA)
Phone : Office Res.
R.M.O. Dr. CLINTON Informed at 05:20 PM
Attending Dr. ASHOK KUMAR VARMA Informed at 05:20 PM

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

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

RUKSANA

Discharge Date Time Bill No. / R.No. Dated

For Rs. Received / Refundable after adjustment of advance Rs.

Authorised S

