





www.reliefindia.org

Ref. No.: FRR/Vinayak/1071/2021-22

Dated: 17.05.2021

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Kush.

Sex: Male Age: 8 Years.

Father Name: Late. Rakesh Kumar.

Address: H.No.-140 Vill. Badhshapur Soniput, Haryana-131024.

Diagnosis: Approx 45% Thermal Burn.

Date of Admission: 17/05/2021

Overall Analysis: The patient - Master Kush - was brought in to our hospital by his Mother and Uncle on 17th May 2021. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot oil while he was at a function in Rajasthan when he suddenly he fell on the boiling hot oil 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 hands, chest and legs. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 8 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.

Visuals:



Fund Requirement - During Hospital Stay

Please find below the detailed fund requirement for the first 3 Weeks of treatment.

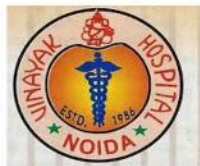
Funds - Hospital Stay(ICU and Ward)	38,500.00
Funds - RMO, Nursing, Consultants & Specialists	37,500.00
Funds - Dressing & Procedures	48,000.00
Funds - Rehabilitation (Physiotherapy)	3,000.00
Funds - Medicines + Consumables + Transfusions	83,000.00
Funds - Pathology & Diagnostics	10,000.00
Total (in numbers)	2,20,000.00
Total (in words):	Two Lakh Twenty 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	2,20,000.00
Stage 2	5,000.00
Total (in numbers)	2,25,000.00
Total (in words):	Two Lakh Twenty Five Thousand Only

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



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

AO/AD

सेवा से

श्रीमान आदरणीय

सिनेमा इंडिया ट्रस्ट

सी-63 वेसमेट साउथ रजिस्ट्रार-2

नई दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र

महोदय

सविनय निवेदन यह है, मेरा नाम संजीव है।
मेरा निवास स्थान गाँव बादशाहपुर सोनीमत
हरियाणा में स्थित है। मेरा एक भाँजा
जिसका नाम कुशलेवल है जिसकी आयु
आठ वर्ष की है। हम सभी एक ही परिवार में
मेरे भाँजे का नाम भी कुशलेवल था। मेरा भाँजा वहाँ पर कभी-कभी खेल
रहा था। अचानक खेलते खेलते वह कुड़ाई में
रखे गर्म तेल के पास पहुँच गया और वहाँ
कुड़ाई में रखा गर्म तेल मेरे भाँजे के ऊपर
गिर गया जिससे वह जल गया। इसके
क्षान के लिए मैं उसी तुरन्त के विनायक
हॉस्पिटल पहुँच गया और डिपॉजिट 17-05-2021
को वहाँ पर भर्ती कराया। वहाँ पर उसके
इलाज के लिए दो लाख पच्चीस हजार रुपये
का खर्चा बताया गया जो कि मैं यह खर्चा
भरने में असमर्थ हूँ। अतः आपसे निवेदन
है मेरे भाँजे के इलाज के लिए सहायता
प्रदान करें।

दिनांक 17-05-2021

आपकी अनुरोधकर्ता

भाँजे का नाम - कुशलेवल

आपका प्रार्थी

उम्र - 8 वर्ष

संजीव

पता - गाँव बादशाहपुर

सोनीमत हरियाणा



VINAYAK HOSPITAL



11555

EMERGENCY ASSESSMENT

NAME MASTER KUSH AGE / SEX 8Y/M DATE 17/5/2021 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 - 124 mt

B P -

Resp Rate - 24 mt

Temp - 98.4°F

Ht / Wt -

Investigations

SpO₂ - 98%
CBC, KFT, LFT

Chief Complaints

12:15 pm

Holiday function at Jodhpur (Raj), a boil cell pan fall on the body, when suddenly a cow rushed to waste. He sustained deep burn all over the body.

① Both arms, legs, face and chest Dressing removed and fresh dressing was done

Treatment

Dr. Verma in Jodhpur

Further advice as will be advised,

Dietary Advise &
Preventive Care

Admit
Dr. A K Verma

Dr. Balan

DR. Name & Signature
CCMO MBBS
DMC Reg No. 48048
VINAYAK HOSPITAL, NOIDA

Adv

- IV Fluid RL/DMS 80ml/huly
- IV Monocel 1gm BD
- 1W Amikacin 500mg - OD
- Tab. Crocin 500mg - TDS
- IV Pn 40m - OD
- IV Emv 4m - TDS
- watch closely for vitm & other compen

(w)



VINAYAK HOSPITAL™

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

V.H. No. 2100651/21-22

Room No. 509 Category

Date of Admission 17/05/2021

Name MASTER, KUSH GREWAL

S/o, D/o, W/o LATE - PAKESH KUMAR

Occupation

Age 8 YRS Sex M

Religion HINDU

Father's / Husband's Name

Address H.NO-140 VILL-BADSHAMPUR

SONIPAT, HARYANA -131024

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. S.K. BEHERA Informed at 12:00 PM

Admitting Dr. ASHOK K VERMA Informed at 12:00 PM

Receptionist

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

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

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

Authorised Signatory

