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Ref. No.: FRR/Vinayak/10029/2022-23

Dated: 15.11.2022

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Naksh Dev

Sex: Male **Age:** 2.5 Years

Father Name: Yashpal

Address: Vill Meetrol, Hodal, Palwal, Hayarna.

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 14/11/2022

Overall Analysis: The patient - Master Naksh was brought in to our hospital by his father - Yashpal on 14th Nov 2022. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot milk while he was playing at home. His mother was boiling milk when suddenly he ran towards the mother and the milk fell on the patient and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 30% TBSA Thermal Burn Injury. The Burns is on his chest, Back, Abdomen and both legs. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 2.5 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.

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)	**65,000.00**
Funds - RMO, Nursing, Consultants & Specialists	**62,000.00**
Funds - Dressing & Procedures	**65,000.00**
Funds - Rehabillitation (Physiotheraphy)	**5,000.00**
Funds - Medicines + Consummables + Transfusions	**65,000.00**
Funds - Pathology & Diagnostics	**12,000.00**
Total (in numbers)	**274,000.00**
Total (in words):	**Two Lakh Seventy Four Thousand Only**

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Fund Requirement - Follow Up

Please find below the detailed fund requirement for Follow Up period of 1 Month Post Discharge.

Funds - Follow Up Visits & Dressings	**6,000.00**
Total (in numbers)	**6,000.00**
Total (in words):	**Six Thousand Only**
Fund Requirement - TOTAL	
Stage 1	**274,000.00**
Stage 2	**6,000.00**
Total (in numbers)	**280,000.00**
Total (in words):	**Two Lakh Eighty Thousand Only**

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

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 मे

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

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय - सविनय निवेदन यह है की मेरा नाम यशपाल है। मेरा निवास गाँव मीटरोल, तहसील होडल, जिला पलवल हरियाणा मे स्थित है मेरा एक बेटा है जिसका नाम नवश देव है। जिसकी आयु दो साल छह महिने है। मेरा बेटा घर मे खेल रहा था तभी अचानक मेरा बेटा गर्म दुध के संमपर्क मे आ गया और जल गया जिसके कारण मे उसे नोएडा के विनायक अस्पताल लेकर गया और वहां दिनांक 14-11-2022 को वहां पर भर्ती कराया वहां पर उसके ईलाज के लिए दो लाख अस्सी हजार रुपये का खर्चा बताया गया है जो कि मै यह खर्च उठाने मे असमर्थ हू अत: आपसे निवेदन है की मेरे बेटे की सहायता प्रदान करे।

बेटे का नाम - नवश देव
उम्र - दो साल छह महिने
पता - गाँव मीटरोल, तहसील होडल, जिला पलवल हरियाणा

आपकी अति कृपा होगी
आपका प्रार्थी
यशपाल

दिनांक
14-11-2022

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VINAYAK HOSPITAL

NABH

EMERGENCY ASSESSMENT

MC HO: 31920 (SOH)

17541

NAME MST. NAKSH DEVI AGE / SEX 2 / M DATE 14/11/22 UHID .....

Personal History
Alcohol / Smoking / Tobacco
Chewing / other
Allergy
Past History H/O Blood transfusion 20 (Pentag.)
Diabetes / HT / IHD / TB
OTHER
Menstrual History
Current Medication

Vaccination Status

Inital Assessment & Examination
Pulse Rate - 120 bm
B P -
Resp Rate - 30/m
Temp - 98.4°F
Ht / Wt -

Investigations
SPO2: 96% on RA
SIR ++ / HBS
CHS → Consolidation
Other Blood
PT Pt/INR
RBS: 120 mg/dl

Dietary Advise & Preventive Care (NPO) drink
Pt to OS place based

Chief Complaints
Patient brought to the casualty from Safdarjung hospital New Delhi c/o/ Sustaining scald burns while child was playing & fell in to utensil of boiling milk on 30/10/22 as per attend. No H/o vomiting, ENT Bleed. H/o febrile seizure = 5 min. Initially taken to Royal hospital palwal Haryana where primary Rt given then Referred to SJH. then till 7/11/22 Rt over continue the discharge discharge summary attached. Then patient brought to Vinayak for further management.

O/E: HB. Scald burn over anterior abdomen, BL Buttock, BL both thigh
Present C/o: Burning sensation & Inconsolable crying
A: 30% Scald burns c/ perineal burns c/ febrile convulsions.
Adv: Inj Meropenem 510 mg IV 8 hrs
Inj Pantop 40 mg IV OD
Inj Pcm 110 mg IV SOS
Inj PL 4 hourly

Name & Sign Of Doctor
DR. SANTU KUMAR
MBBS
Reg. NO. DMC/R/21225
VINAYAK HOSPITAL NOIDA

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MLCNO - 31920 UHID - P2209714

VINAYAK HOSPITAL™

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

V.H. No. 2204088/22-23
Room No. ICU Catagory
Date of Admission 14/11/22

Name MASTER NAKSH DEV
S/o, D/o, W/o MR. YASHPAL
Occupation
Age 2Y 6M Sex M
Religion HINDU
Father's / Husband's Name
Address VILL. MEETROL TEHSIL HODAL DIST. PALWAL, HARYANA
Phone : Office Res.
Advance Receipt No. Date
For Rs.
Name & Address of accopanying relative FATHER

Phone : Office Res.
R.M.O. Dr. PINTU Informed at 06:26 PM
Admitting Dr. AMIT KUMAR Informed at 06:26 PM

Anjalo
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.

Yashpal
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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