







Ref. No.: FRR/Vinayak/1076/2021-22

Dated: 14.06.2021

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Ranjeet.

Sex: Male **Age:** 1 year 5 Months .

Father Name: Mr. Mukesh.

Address: Rabhupura Bhata G.B. Nagar (U.P.).

Diagnosis: Approx 60% Thermal Burn.

Date of Admission: 14/06/2021

Overall Analysis: The patient - Master Ranjeet was brought in to our hospital by his father - Mr. Mukesh on 14th June 2021. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot rice boiling water while he was playing at home. His mother was making food and suddenly he came in contact with hot rice boiling water and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 60% TBSA Thermal Burn Injury. The Burns is on right hand, head area, face area, abdomen area and leg 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 5 months 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 4 Weeks of treatment.

Funds - Hospital Stay(ICU and Ward)	97,500.00
Funds - RMO, Nursing, Consultants & Specialists	98,500.00
Funds - Dressing & Procedures	1,05,000.00
Funds - Rehabilitation (Physiotherapy)	6,000.00
Funds - Medicines + Consumables + Transfusions	1,01,000.00
Funds - Pathology & Diagnostics	35,000.00
Total (in numbers)	4,43,000.00

Total (in words):

Four Lakh Forty Three 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	7,000.00
Total (in numbers)	7,000.00
Total (in words):	Seven Thousand Only
Fund Requirement - TOTAL	
Stage 1	4,43,000.00
Stage 2	7,000.00
Total (in numbers)	4,50,000.00
Total (in words):	Four Lakh Fifty Thousand Only

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



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

रिपब्लिक इण्डिया ट्रस्ट
सी-63 वेसमेंट भाउथ एम्स पार्क-2
नई दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय - सर्वप्रथम निवेदन यह है कि मेरा नाम मुकेश
है मेरा निवास स्थान रेबुपुरा बाया, गौतम बुद्ध
नगर (U.P.) है मेरा स्कूल लड़का है जिसका नाम
रंजीव है। जिसकी आयु 18 महीने है। (8/6/2021) को
मेरी पत्नी का बाल बना रही थी गर्म पानी
मेरे बच्चे के ऊपर गिर गया मेरा बच्चा जल
गया जिसके बलाज के लिये मैं उसे नोस्पड
के बिनायक हास्पिटल लेकर गया (14/6/2021)
को वहां पर भर्ती कराया वहां उसके बलाज के लिये
साढ़े गार लाख रुपये लगे जो की मैं खरी उठाने
में असमर्थ हूँ अतः आपसे निवेदन है कि मेरे बेटे
के बलाज के लिये सहायता प्रदान करे आपकी
अहि रुपा होगी।

आपका प्रार्थी
मुकेश

बेटे का नाम - रंजीव
उम्र - 18 महीने
पता - रेबुपुरा बाया,
गौतम बुद्ध नगर (U.P.)

दिनांक
14/6/2021



MHC initiated at Jwar, No 578/2021



11723

EMERGENCY ASSESSMENT

NAME RANJEET AGE / SEX 1 1/2 DATE 14.6.21 UHID 1230 PH

Personal History

Alcohol / Smoking / Tobacco

Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication

Vaccination Status

Chief Complaints

A. By - Ankit Tripathy Male / 26
P. S. E. Jwar, No 134
Mob - 9811552038
A/c Archibabal Buri (Bailly
hot rice pot wala) fell on
the body of child on 8.6.21
at Raghupura Balia, Jwar
Greater Noida

Initial Assessment & Examination

Pulse Rate - 136 bpm

B.P. -

Resp Rate - 36 bpm

Temp - 100°F

Ht / Wt -

6'02" / 29 kg

Investigations

Treatment

On exam @ skin Unresponsive
scald at hand & ankle (as per foot and
post) - 25%
Left leg medial aspect, thigh
upto perineum - 28%
and cheek hands - 28%
bular area, Total - 55-60% A

MHC is initiated at Jwar PHC
MHC NO 578/2021 on 8.6.21

DR A K Verma
informed

Dietary Advise &
Preventive Care

- ① Ty. T.T. 0.5ml
- ② Ty. Voveran
- ③ I.V. RL 350ml 8 hourly
- ④ Bi/Werex dressing
- ⑤ Normal diet
- ⑥ ORS - Encourage to drink
- ⑦ Ty. Monocel 50mg I.V. QID AST

Name & Sign Of Doctor



**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No.

Room No.

Date of Admission

101051/21-22

Category

14/6/2021



Name

MASTER RANJEET

S/o, D/o, W/o

MR. MUKESH

Occupation

Age

1.5/Y

Sex

M

Religion

HINDU

Father's / Husband's Name

Address

RABHU PURA BHATA

CO. B. NAWAR U.P.

Phone : Office

Res.

Advance Receipt No.

Date

For Rs.

Name & Address of accompanying relative

(MOTHER)

Phone : Office

Res.

R.M.O. Dr.

S.K. BEHERA

Informed at

12:30 PM

Admitting Dr.

A.K. VERMA

Informed at

12:30 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. A.K. 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



