



Ref. No.: FRR/Vinayak/1097/2021-22

Dated: 18.11.2021

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Shaksham.

Sex: Male **Age:** 10 Months

Father Name: Mr. Ankit

Address: House Number U-1/55 Budh Vihar Phase -1 ,Block-1 North Delhi.

Diagnosis: Approx 15% Thermal Burn.

Date of Admission: 18/11/2021

Overall Analysis: The patient - Master Shaksham - was brought in to our hospital by his father - Mr. Ankit - on 18th November 2021. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot water, while he was playing where his mother was boiling water when, suddenly he came in contact with the hot water and he got burnt. As a result of this incident, the child has sustained mostly 2nd & 3rd Degree Deep 15% TBSA Thermal Burn Injury. The Burns is on face area, neck area and the left hand area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 10 Months, 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)	43,500.00
Funds - RMO, Nursing, Consultants & Specialists	44,500.00
Funds - Dressing & Procedures	62,000.00
Funds - Rehabilitation (Physiotherapy)	3,000.00
Funds - Medicines + Consumables + Transfusions	57,000.00
Funds - Pathology & Diagnostics	5,000.00
Total (in numbers)	2,15,000.00

Total (in words):

Two Lakh Fifteen 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	10,000.00
Total (in numbers)	10,000.00
Total (in words):	Ten Thousand Only
Fund Requirement - TOTAL	
Stage 1	2,15,000.00
Stage 2	10,000.00
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 Shaksham.



For Vinayak Hospital
(A Division of Vinayak Hospital)

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

AO/AD

मैरा मि;

श्री गान आस्था

रिलीफ इंडिया ट्रस्ट

सी 63 बैसगैन्ट साउथ इन्वर्स पार्क - 2

नई दिल्ली - 49

विषय. आर्थिक सहायता हेतु प्रार्थना पत्र
महोदय

भाविनय निवेदन यह है कि मेरा नाम अंकित है। मेरा निवास
H.NO - U - 1/55 बुध विहार PH - 1 ब्लॉक 0-1 गार्ड वेस्ट
दिल्ली में स्थित है। मेरा एक बेटा जिसका नाम अक्षम
है। जिसकी आयु दस महीना है। मेरा बेटा घर में खेल
रहा था तभी अचानक मेरा बेटा गर्म पानी के भ्रमर्षि में
आ गया जिसके कारण ईलाज के लिए मैं उसे नौरुखा
के विनायक हॉस्पिटल लेकर गया और वहाँ दिनांक 18-11-
2021 को वहाँ पर भर्ती कराया वहाँ पर उसके ईलाज के
लिए दो लाख पच्चीस हजार रुपये का खर्चा बताया
गया है। जो कि मैं यह खर्च उठाने में असमर्थ हूँ अतः
आपसे निवेदन है कि मेरे बेटे के ईलाज के लिए सहायता
करें।

बेटे का नाम - अक्षम

उम्र - दस महीना

पता - H.NO - U - 1/55

बुध विहार PH - 1 ब्लॉक

0-1 गार्ड वेस्ट दिल्ली

आपकी आति कृपा होगी

आपका प्रार्थी

अंकित
अंकित

दिनांक
18-11-2021

MLC NO!-28249 (outside) UHID- P2110242



VINAYAK HOSPITAL™

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

V.H. No. 2104289/21-22
Room No. 509 Catagory
Date of Admission 18/11/21

Name MASTER, SHAKSHAN
S/o, D/o, W/o MR. ANKIT
Occupation
Age 10 MONTH Sex M
Religion HINDU
Father's / Husband's Name
Address H.NO-0-1/55 BUSH
VIHAR PH-1 BLOCK 0-1 NORTH WEST DELHI
Phone : Office Res.
Advance Receipt No. Date
For Rs.
Name & Address of accopanying relative
Phone : Office Res.
R.M.O. Dr. ASIF SUHAIL Informed at 1:02 PM
Admitting Dr. AMIT KUMAR Informed at 1:02 PM
Receptionist

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

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



13543

EMERGENCY ASSESSMENT

NAME SNDKSHAN AGE/SEX DM / M. DATE 18/11/21 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 - 120 mit

BP -

Resp Rate - 36 mitTemp 97.6 FHt / Wt - 7 kg.SpO₂ - 96%

Investigations

RBS - 92 mg/dl

Treatment

O/E. Superficial to deep burn.

C/F. Burn on face, neck,
B/L hand. chest.TBSA \approx 15%.Patient admitted to Dr. Anurag
(Surgeon)

As advised by him,

P

- HPO

- 20 ml RL 240ml iv over 8hrs

↓ b/b

RL 240ml iv over 16hrs.

↓ b/b.

cy DMS (100ml) 50ml/4hrs

Name & Sign Of Doctor

- cy Augmentin 250mg iv TDS

- cy Amoxicillin 120mg iv OD.

Dietary Advise &
Preventive Care

Adv
CBC/CRP
LFT/RFT/SE.
ECG.

Signature of Doctor
Dr. Anurag

