

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.

Total (in words):	Two Lakh Fifteen Thousand Only
Total (in numbers)	2,15,000.00
Funds - Pathology & Diagnostics	5,000.00
Funds - Medicines + Consummables + Transfusions	57,000.00
Funds - Rehabillitation (Physiotheraphy)	3,000.00
Funds - Dressing & Procedures	62,000.00
Funds - RMO, Nursing, Consultants & Specialists	44,500.00
Funds - Hospital Stay(ICU and Ward)	43,500.00

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.

MMM. Sliefind



For Vinayak Hospital

(A Division of Vinayak Hospital)

5th Floor, Vinayak Hospital, Sector 27, Atta Market,

NH - 1, Noida - 201301 (UP)

AO/AD

भूग भें

त्री गान अध्यय रिलीफ ईन्डिया प्रस्त भी- 63 वैस्रगैन्ट साउच रूक्स पार्ट - 2 नई दिल्ली - 49

विषय - उमार्धिक भहायता हैतु मार्थना प्रा सहीदरा

भाविनय विवेदन यह है। मि मैंने वेद के बलाज के लिए सहामता करें. ।

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विवे का नाम - भ्रह्मम उनापकी आते क्रणा हो गर् उम्म - दम महीना पता - भ. २० - ० - ३/८५ सुद्ध विहार १म - 1 ल्लॉक अस्ति

0-1-गर्च वैच्ट दिल्ली

18. 12021

MLC NO!-28249 (@boutside) UHID- P2110242



VINAYAK HOSPITAL™

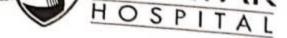
NH-1, Sector-27, Atta, Noida-201301

V.H. No. 2104289121-22

Room No. 5 9 Catagory

Date of Admission .1.8.111.2.1

	10/11/
Name MASTER SHAKSHAM SIO, DIO, WIO MR. ANKIT	Unit / Consultant XOR. AMIT KUMAR
Occupation	Date of Discharge
Age 10 MONTH Sex M Religion HINAU	Provisional Diagnosis
Father's / Husband's Name	Final Diagnosis
VIHAR PH-1 BLOCK U-1 NORTH	Infectious nature of disease : Yes/No
Phone : Office	Outcome: LAMA / Stable / Improved / Cured / Died
Advance Receipt No Date	Death Record filled by Dr.
For Rs.	FOR DELIVERY CASE ONLY
Name & Address of accopanying relative	Date and Time of Delivery
	New Born : Male / Female
Phone : Office	Birth record filled by Dr
R.M.O. Dr. ASIF SUHALL Informed at 1. 0.20	Patient shifted from Room No to
Admitting Dr. AHT KUHAR Informed at 1.02	On
Receptionist	Shifted from Room No to
I hereby declare that I am getting admitted in this Hospital	On
on my own will. The expenses have been explained to me and I agree to make all payments before discharge.	Shifted from Room No to
	On
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.	
31 1971	
Signature of Patient / Relative	





1 3 5 4 3 EMERGENCY ASSESSMENT

NAME SUDKS	DAM I
Personal History Alcohol / Smoking / Tobacco Chewing / other	Chief Complaints
Allergy Past History	A 10 month old male buby
Diabetes / HT / IHD / TB OTHER	brought to the converty mit.
Menstrual History Current Medication	AlHIV. Burn due to Hot liquid.
Vaccination Status	Budh viher, phen- 2 Della.
Inital Assessment & Examination Pulse Rate - 120 mt BP- Resp Rate - 36 mt Temp 92.6 F Ht/Wt- 7 kg.	reatment OIE. Superficial to deep form. CIF. Burn on face, Nevel, Ble hend. chut.
Slo2-964. Investigations	Pri Hight ochmitted & Dr. Amit.
RBS · 92Milo4	Patient odmitted & Dr. Amit. (Syrgean) Ar odrievel by him, By - NPO
Dietary Advise & LFT P	TISE. BY RC 240-Q W aver >1647A.
Preventive Care	ig Dris tij well (1:100) @ 32 ml/48 Name & Sign Of Doctor tryn Disp - ig Angueurin 250 p iv TDS 110. - ig Anchesin 120 p iv OD.

