



Ref. No.: FRR/Vinayak/1065/2020-21

Dated: 24.02.2021

### PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Sharwan Kumar .

Sex: Male Age: 9 years .

Father Name: Mr.Prakash.

Address: Sector 37 Noida, Gautam Budh nagar(U.P.) .

Diagnosis: Approx 25% Thermal Burn.

Date of Admission: 24/02/2021

**Overall Analysis:** The patient - Master Sharwan Kumar - was brought in to our hospital by his father - Mr.Prakash, on 24th Feb. 2021. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot water while he was playing at home. His mother was warming water for bath and suddenly he fell on the boiling water and got burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 25% TBSA Thermal Burn Injury. The Burns is on right hand and chest area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 9 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 2 Weeks of treatment.

Funds - Hospital Stay(ICU and Ward)	22,500.00
Funds - RMO, Nursing, Consultants & Specialists	23,500.00
Funds - Dressing & Procedures	48,000.00
Funds - Rehabilitation (Physiotherapy)	3,000.00
Funds - Medicines + Consumables + Transfusions	53,000.00
Funds - Pathology & Diagnostics	10,000.00
<b>Total (In numbers)</b>	<b>160,000.00</b>

Total (In words):

One Lakh Sixty 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)	50,000.00
Total (in words):	Five Thousand Only
Fund Requirement - TOTAL	
Stage 1	160,000.00
Stage 2	5,000.00
Total (in numbers)	165,000.00
Total (in words):	One Lakh Sixty Five Thousand Only

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



For Vinayak Hospital

[A Division of Vinayak Hospital]

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

NH - 1, Noida - 201301 (UP)

AQ/AD

सेवा में

श्रीमान अध्यापक

रिलीफ इंडिया ट्रस्ट

री-63 वेसमेंट साउथ इन्डस मॉर-2

नई दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र

सहोदय

सौजन्य निवेदन यह है मेरा नाम प्रकाश है मेरा निवास स्थान सेक्टर-37 नोरगा में है मेरा एक बेटा है जिसका नाम अविष्णु कुमार है जिसकी आयु नौ वर्ष की है मेरा बेटा घर में खेल रहा था अचानक खेलते खेलते वह बर्तन में रखे गर्म पानी के ऊपर गिर पड़ा जिससे वह जल गया उसका इलाज के लिए मैं उसे नोरगा के त्रिगुण्ट हॉस्पिटल लेन्डर गया और ट्रिगुण्ट 24-05-2021 को वहाँ पर भर्ती कराया वहाँ पर उसके इलाज के लिए रुक लाख पैसेट हजार रुपये का खर्चा बताया गया जो कि मैं यह खर्च उठावे में असमर्थ हूँ, अतः आपसे निवेदन है कि मेरे बेटे के इलाज के लिए सहायता प्रदान करें।

दिनांक  
24-05-2021

बेटे का नाम - अविष्णु कुमार

उम्र - 9 वर्ष

पता - सेक्टर-37 नोरगा

(युग्मी 0)

आपकी आज्ञा ग्रहण होगी

आपका प्रार्थी

प्रकाश





# VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2003421/20  
Room No. 511 Category  
Date of Admission 24/02/2021



Name MASTER SHARWAN KUMAR Unit / Consultant DR. ASHOK K VERMA

S/o, D/o, W/o MR. PRAKASH

Occupation

Age 9 YRS Sex M

Religion HINDU

Father's / Husband's Name

Address SEC - 37 NOIDA

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

(FATHER)

Phone : Office Res.

R.M.O. Dr. ASHOK KUMAR Informed at 05:30 PM

Admitting Dr. ASHOK K VERMA Informed at 05:30 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

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 Signator



## EMERGENCY ASSESSMENT

10156

NAME Mrs. Sharnan AGE / SEX 9 y / M DATE 24/02/2021 UHID                     

### Personal History

Alcohol / Smoking / Tobacco

Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication

Vaccination Status

### Chief Complaints

At 5:30 PM

### Initial Assessment &

Examination

Pulse Rate - 100 bpm

B P - 100/70 mmHg

Resp Rate - 24 / min

Temp - 100.4 °F

Ht / Wt - 141 cm / 37 kg

Investigations

### Treatment

From

case - 24

KOT

cap

### Dietary Advise &

Preventive Care

High proteins diet

High proteins diet

High proteins diet

- A case of Thermal burn over (RT) chest and arms (13 days)

- Foul smell (+)

- Greenish discharge

- Foul (+)

- Restricted movement of Arms

- Re-ick / Contraindicated

- Deep Burn (= 2nd / 3rd)

- Restricted movement of Arms

- 9 se water intake

- High proteins diet

- High proteins diet

- High proteins diet

Name & Sign Of Doctor Dr. Arun



