





Ref. No.: FRR/Vinayak/1041/2019-20

Dated: 31.03.2020

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Lucky.

Sex: Male **Age:** 9 Months.

Father Name: Mr.Rajesh Kumar.

Address: Sector 93 Noida,Salarpur G.B. Nagar 201304.

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 31/03/2020

Overall Analysis: The patient - Master Lucky was brought in to our hospital by his father - Mr.Rajesh Kumar on 31st March 2020.The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot water while he was at home. The child was playing with his father on bed and suddenly fall down in hot water pot at home and contacted so that he burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 30% TBSA Thermal Burn Injury. The Burns are on chest area,abdomen area and both hands . The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 9 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. Chest Physiotherapy sessions and Pressure Garments would also be advised to achieve the best possible results against a possible pulmonary collapse and for a contracture and scar free recovery .

Visuals:



Fund Requirement - During Hospital Stay

Please find below the detailed fund requirement for the first 2 Weeks of treatment.

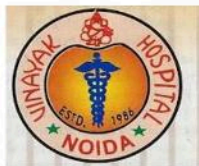
Funds - Hospital Stay(Ward)	33,300.00
Funds - RMO, Nursing, Consultants & Specialists	38,500.00
Funds - Dressing & Procedures	55,400.00
Funds - Rehabilitation (Physiotherapy)	2,000.00
Funds - Medicines + Consumables + Transfusions	47,300.00
Funds - Pathology & Diagnostics	8,500.00
Total (in numbers)	1,85,000.00
Total (in words):	One Lakh Eighty Five Thousand Only

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	10,000.00
Total (in numbers)	10,000.00
Total (in words):	Ten Thousand Only
Fund Requirement - TOTAL	
Stage 1	1,85,000.00
Stage 2	10,000.00
Total (in numbers)	1,95,000.00
Total (in words):	One Lakh Ninty Five Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Lucky Yash.



For Vinayak Burn Centre
(A Division of Vinayak Hospital)
5th Floor, Vinayak Hospital, Sector 27, Atta Market,
NH - 1, Noida - 201301 (UP)

AQ/AD

सेवा में

श्रीमान अध्यक्ष

शिल्प रक्षिया ट्रस्ट

सी-63 बेसमेंट साउथ रज्जस मार्ग-2

नई दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र

सहोदय,

सविनय निवेदन यह है: मेरा नाम राजेश कुमार है, मेरा निवास स्थान नोरठा सेक्टर-93 के सलरपुर गौतमबुद्ध नगर में स्थित है, मेरा एक बेटा है जिसका नाम लक्की है, जिसकी आयु नौ महीने की है, मेरा बेटा लक्की गर्म मानी की वजह से जल गया, इसके इलाज के लिए मैं उसे नोरठा के विनायक हॉस्पिटल लेकर गया और दिनांक 31-03-2020 को वहाँ पर भर्ती कराया वहाँ पर उसके इलाज के लिए एक लाख में चानवे हजार रुपये का खर्च बताया गया जो कि मैं यह खर्च उठाने में असमर्थ हूँ, अतः आपसे निवेदन है कि मेरे बेटे के इलाज के लिए सहायता प्रदान करें।

दिनांक

31-03-2020

बेटे का नाम - लक्की

उम्र - 9 महीने

मता - गाँव सलरपुर

सेक्टर-93 नोरठा

गौतमबुद्ध नगर

(यूक पीठ)

आपकी अति कृपा होगी।

आपका प्रार्थी

राजेश कुमार



VINAYAK HOSPITAL™

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

V.H. No. 1902982
Room No. 507 Category _____
Date of Admission 26 MAR 20

Name MASTER LUCKY KUMAR
Sp. Dia. W/o MR. RAJESH KUMAR CHAUDHARY
Occupation _____
Age 9 MONTH Sex M
Religion HINDU
Father's / Husband's Name _____
Address SECTOR - 93 NOIDA, GAZARPUR
G. B. NAGAR 201304
Phone : Office _____ Res. _____
Advance Receipt No. _____ Date _____
For Rs. _____

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. _____

Name & Address of accompanying relative
MR. RAJESH KUMAR (FATHER)
Phone : Office _____ Res. _____
R.M.O. Dr. ANKUR YADAV Informed at 4:45 PM
Admitting Dr. A. K. VERMA Informed at 4:45 PM
[Signature]
Receptionist

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 _____

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]
Signature of Patient / Relative

Shifted from Room No. _____ to _____
On _____
Shifted from Room No. _____ to _____
On _____

Discharge Date _____ Time _____ Bill No. / R.No. _____ Dated _____
Rs. _____ Received / Refundable after adjustment of advance Rs. _____

Authorised Signatory



6005

EMERGENCY ASSESSMENT

(PUT)

NAME MIST LUCKY AGE / SEX 9m/fm DATE 26/3/2020 UHID 1902982

Personal History
Alcohol / Smoking / Tobacco
Chewing / other

Chief Complaints

Atklo - Scald Burn Injury at
Home kitchen 12:30 pm

Allergy

Past History

Diabetes / HT / IHD / TB
OTHER

Menstrual History
Current Medication

O/S - Burn over (2) Hand, (2) side
face, (2) side neck, (2) side chest.

Vaccination Status

Initial Assessment &
Examination

Pulse Rate - 120 ml

BP -

Resp Rate - 22 ml

Temp - 98.7

Ht / Wt - 19kg

Investigations

108 ml

507

Treatment

check - 2/2 AC @

CVS / WBC
CBC

P/R - soft, LL @

Pt. admitted + In A.K. Vesma (Instructor)

In. measured 300 ml in 12 hours

In. Measured 130 ml in 507

In. Measured 40 ml / Measured
150 ml Baked stuff

Physician Advise &
Preventive Care

Name & Sign Of Doctor

CASUALTY MEDICAL OFFICER
VINAYAK HOSPITAL, NOIDA

NAME: DR. DHARMENDRA 101
TMC: (E)
DATE: 26/3/2020

