



Ref. No.: FRR/Vinayak/1071/2021-22

Dated: 30.04.2021

## PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Zoya.

Sex: Female Age: 8 years.

Father Name: Mr. Raza.

Address: G-905 Jahagirpuri Delhi.

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 30/04/2021

**Overall Analysis:** The patient - Baby Zoya - was brought in to our hospital by her father - Mr. Raza on 30th April 2021. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot boiling water while she was at home. The child was playing at home, while her mother was boiling water, she came in contact with hot water and suffered 2nd & 3rd degree burns. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 35% TBSA Thermal Burn Injury. The Burns are on chest area, neck area and back area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 8 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. 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 4 Weeks of treatment.

Funds - Hospital Stay (ICU and Ward)	54,000.00
Funds - RMO, Nursing, Consultants & Specialists	55,000.00
Funds - Dressing & Procedures	52,000.00
Funds - Rehabilitation (Physiotherapy)	5,000.00
Funds - Medicines + Consumables + Transfusions	64,000.00
Funds - Pathology & Diagnostics	15,000.00
<b>Total (in numbers)</b>	<b>2,45,000.00</b>

Total (in words):

Two Lakh Forty Five 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)	5,000.00
Total (in words):	Five Thousand Only
<b>Fund Requirement - TOTAL</b>	
Stage 1	2,45,000.00
Stage 2	5,000.00
Total (in numbers)	2,50,000.00
Total (in words):	Two Lakh Fifty Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Baby Zoya .



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 आर्यपति  
निसिफ इन्डिया इस्ट  
सी-63 वेसमेंट साउथ रजिस्ट्रार पार्ट-2  
नई दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय

सविनय निवेदन यह है, मेरा नाम राजा है।  
मेरा निवास स्थान जहंगीरपुरी दिल्ली में  
स्थित है, मेरी रकम खोटी है, जिसका  
नाम लोया है, जिसकी आयु आठ वर्ष की  
है, मेरी बेटी घर में खेल रही है, अचानक  
अचानक-अचानक बट वतन में गिर पानी के  
ऊपर गिर पड़ी जिससे मेरी बेटी जल गयी  
इसके इलाज के लिए मैं उसे नौसठा के  
बिना एक हॉस्पिटल भेज रहा हूँ और दिनांक  
30-04-2021 को वहाँ पर भर्ती कराया, वहाँ  
पर उसके इलाज के लिए दो लाख पचास  
हजार रुपये का खर्च पताया गया जोकि  
मैं यह खर्च उठाने में असमर्थ हूँ, आप  
जिस निवेदन है, मेरी बेटी के इलाज के  
लिए सहायता प्रदान करें।

दिनांक  
30-04-2021

बेटी का नाम - लोया  
उम्र - 8 वर्ष  
पता - जहंगीरपुरी  
दिल्ली

आपकी आज्ञा ग्रहण होगी।  
आपका प्रार्थी  
राजा



# VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2100446 / 21-22  
 Room No. 510 Category \_\_\_\_\_  
 Date of Admission 30/04/2021



Name BABY, ZOYA

S/o, D/o, W/o MD. RAZA

Occupation \_\_\_\_\_

Age 8 YRS Sex F

Religion MUSLIM

Father's / Husband's Name \_\_\_\_\_

Address G-905, JAMAGIRPURI DELHI

Phone : Office \_\_\_\_\_ Res \_\_\_\_\_

Advance Receipt No. \_\_\_\_\_ Date \_\_\_\_\_

For Rs \_\_\_\_\_

Name & Address of accompanying relative \_\_\_\_\_

\_\_\_\_\_

Phone : Office \_\_\_\_\_ Res \_\_\_\_\_

R.M.O. Dr. ASNU TOM informed at 03:28 PM

Admitting Dr. ASHOK KUMAR informed at 03:28 PM

*(Signature)*  
Receptionist

Unit / Consultant DR ASHOK KUMAR VERMA

Date of Discharge \_\_\_\_\_

Provisional Diagnosis \_\_\_\_\_

Final Diagnosis \_\_\_\_\_

Infectious nature of disease : Yes/No

Outcome : LAMA / Stable / Improved / Cured / Died

Death Record filed by Dr. \_\_\_\_\_

FOR DELIVERY CASE ONLY

Date and Time of Delivery \_\_\_\_\_

New Born : Male / Female

Birth record filed 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