



Ref. No.: FRR/Vinayak/1020/2022-23

Dated: 06.07.2022

## PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Baby Muriyam .

**Sex:** Female **Age:** 1 year .

**Father Name:** Mr.Badasha.

**Address:** Mahamaya Gali Surajpur G.B. Nagar (U.P.)

**Diagnosis:** Approx 15% Thermal Burn.

**Date of Admission:** 06/07/2022

**Overall Analysis:** The patient - Baby Muriyam - was brought in to our hospital by her father - Mr.Badasha - on 6th July 2022. The child has sustained Thermal Burn Injury due to accidentally coming in contact with boiling rice water while she was at home. Her mother was making rice for family suddenly Baby Muriyam contacted with this hot rice water and she got burnt . As a result of the incident, the child has sustained mostly 3rd Degree Deep 15% TBSA Thermal Burn Injury. The Burns is on 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 1 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	47,000.00
Funds - RMO, Nursing, Consultants & Specialists	48,000.00
Funds - Dressing & Procedures	52,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	55,000.00
Funds - Pathology & Diagnostics	5,000.00
<b>Total (in numbers)</b>	<b>211,000.00</b>

**Total (in words):**

**Two Lakh Eleven Thousand Only**

**Fund Requirement - Follow Up**

Please find below the detailed fund requirement for Follow Up period of 1.5 Month Post Discharge.

<b>Funds - Follow Up Visits &amp; Dressings</b>		4,000.00
	Total (in numbers)	4,000.00
	Total (in words):	Four Thousand Only
<b>Fund Requirement - TOTAL</b>		
	Stage 1	211,000.00
	Stage 2	4,000.00
	Total (in numbers)	215,000.00
	Total (in words):	Two Lakh Fifteen Thousand Only

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



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 अध्यक्ष  
रिलीफ इंडिया फ्रंट  
सी 63 वैशमिन्ट शाउथ स्वस पार्टी - 2  
नई दिल्ली - 49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

सहायक -

श्रद्धेय निवेदन यह है। की मेश नाम बादशाह अली  
है। मेश निवास महा माया गली सुरजपुर गौतमबुद्ध  
नगर नौशहा में स्थित है। मेशी एक बेटी है। जिसका  
नाम मुरियाम है। जिसकी आयु एक वर्ष है। मेशी  
वेही घर में रहते रही थी वही अचानक मेशी बेटी गर्म  
चावल के पानी में गिर गई और पल गई जिस  
के कारण में उसे नौशहा के विनायक हॉस्पिटल  
लेकर गया और वहां दिनांक 06-07-2022 को  
वहां पर मर्ती कराया वहां पर उसके इलाज के  
लिश दो लाख पन्द्रह हजार रुपये का खर्चा  
बताया गया है। जो की मैं यह खर्च उठाने में  
असमर्थ हूँ अतः आपसे निवेदन है की मेशी बेटी  
सहायता प्रदान करें।

बेटी का नाम - मुरियाम

उम्र - एक वर्ष

पता - महा माया गली

सुरजपुर गौतमबुद्ध नगर

नौशहा

आपकी आतिथ्यपूर्ण  
आपका प्राचीन  
बादशाह अली

बादशाह अली

दिनांक  
06-07-2022



15843

EMERGENCY ASSESSMENT

NAME Baby Muriyam. AGE / SEX 01Y / F DATE 06/07/22 UHID

Personal History

Alcohol / Smoking / Tobacco

Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication

Chief Complaints

A 01 years old female baby patient brought to the casualty 2 h/o scalded Burn due to hot boiling Rice water where victim fall in hot boiling Rice water, on 4/07/22 at approx 4:00pm Near. mahamaya adli' Suraj'pur.

Vaccination Status

Initial Assessment & Examination

Pulse Rate - 162 bpm

B.P. -

Resp Rate - 36 bpm

Temp - 100°F

Ht / Wt - 10kg.

SpO2 - 96% on RA

Investigations

RBS - 96 mg/dL

Treatment

C. Nester V.P.

C/F. Burn on (RT) U.L.

Burn on lower lip.

C/O. Pain & Burning sensation at Burn site.

few anuria

A. ? superficial to deep scalded Burn, TBSA ~ 15%.

iy' PCM 100 mg i/v 8hrly / 8hr.

iy' MONOGER 500 mg i/v 12 hourly

iy' AMIKACIN 475 mg i/v 12 hourly

iy' METROLYL 100 mg i/v 8 hourly

IV FLUF DRL 200ml in 1st 8 hourly then 200ml next 16 hrs

Dietary Advise & Preventive Care

Name & Sign Of Doctor

Direct as per order

Signature and date 06/07/22



# VINAYAK HOSPITAL™

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

V.H. No. 2201627/22-23  
Room No. 205 Category .....  
Date of Admission 06/07/2022

Name BABY. MURIYAM  
 S/o, D/o, W/o MR. BADASHA ALI  
 Occupation .....  
 Age 1 YRS Sex F  
 Religion HINDU  
 Father's / Husband's Name .....  
 Address MAHAMAYA GALI,  
SURAJPUR, G.B. NAGAR, NOIDA  
 Phone : Office ..... Res. ....  
 Advance Receipt No. .... Date .....  
 For Rs. ....  
 Name & Address of accompanying relative .....  
(FATHER)  
 Phone : Office ..... Res. ....  
 R.M.O. Dr. ASIF SUHAIL Informed at 03:44 PM  
 Admitting Dr. AMIT KUMAR Informed at 03:44 PM

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 .....

*linked*  
 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]*  
 Signature of Patient / Relative

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

Authorised Signatory

