



Ref. No.: FRR/Vinayak/10036/2022-23

Dated: 27.03.2023

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Arushi .

Sex: Female **Age:** 5 years .

Father Name: Mr. Bharat Singh.

Address: House Number 24, KH Number 60/13 Jai Vihar Phase 3 Baprola Delhi .

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 27/03/2023

Overall Analysis: The patient - Baby Arushi - was brought in to our hospital by her father - Mr. Bharat Singh on 27th March 2023. 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 abdomen area, chest area, hips area, genital area, legs 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 5 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 3 Weeks of treatment.

Funds - Hospital Stay(ICU and Ward)	54,000.00
Funds - RMO, Nursing, Consultants & Specialists	55,000.00
Funds - Dressing & Procedures	62,000.00
Funds - Rehabilitation (Physiotherapy)	5,000.00
Funds - Medicines + Consumables + Transfusions	64,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	255,000.00

Total (in words):

Two Lakh Fifty 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
Fund Requirement - TOTAL	
Stage 1	255,000.00
Stage 2	5,000.00
Total (in numbers)	260,000.00
Total (in words):	Two Lakh Sixty Thousand Only

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



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

AO/AD

मैं, मैं,

श्रीमान अध्यक्ष

रिलीफ इंडिया ट्रस्ट

भी-63 बैम्बैन्ट साउथ- बक्स पार्क-2

नई दिल्ली - 49.

विषय - अर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम भरत सिंह है।
मेरा निवास H.No-24, Kh.No-60/13 Jai Vihar, Phase
3, Bahrola Delhi में स्थित है। मेरी एक बेटी है। जिसका
नाम आरुषी है। उसकी आयु 5 वर्ष है। मेरी बेटी घर में
रबैल रही थी तभी अचानक वह गर्म पानी के संपर्क में
आ गई और जल गई। जिसके कारण मैं उसे नौलज के
विनायक हॉस्पिटल लेकर आ गया और यहाँ पर उसके
ईलाज के लिए 2,60,000/- रुपए का खर्चा बताया गया है।
जो कि मैं यह खर्चा उठाने में असमर्थ हूँ। अतः मेरा आपसे
निवेदन यह है कि मेरी बेटी को सहायता प्रदान करें।

आपकी अतिकृपा होगी।

आपका प्रार्थी।

भरत सिंह।

Date- 27/03/23

बेटी का नाम - आरुषी।

उम्र - 5 वर्ष।

पता - H.No-24, Kh.No-60/13,

Jai Vihar, Phase-3, Bahrola, Delhi.

भरत सिंह।

MLC NO

UHID - 2214684



VINAYAK HOSPITAL™

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

VH No. 2206700

Room No. 205 Category

Date of Admission 27/03/2023

Name **BABY ARUSHI**
 S/o, D/o, W/o **MR BHARAT SINGH**
 Occupation _____
 Age **5 YRS** Sex **F**
 Religion **HINDU**
 Father's / Husband's Name _____
 Address **H. NO. - 24 KH. NO. - 60/13**
JALYIHA PHASE- 3 BAPROLA DELHI
 Phone : Office _____ Res _____
 Advance Receipt No. _____ Date _____
 For Rs _____
 Name & Address of accompanying relative _____

 Phone : Office _____ Res _____
 R.M.O. Dr. **REKHA** Informed at _____
 Admitting Dr. **A.K. VERMA** Informed at _____

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 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 _____


 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.

सविता

Signature of Patient / Relative

Discharge Date _____ Time _____ Bill No. / R.No. _____ Dated _____

For Rs _____ Received / Refundable after adjustment of advance Rs. _____

Authorised Signatory



EMERGENCY ASSESSMENT

18858

NAME Baby Arushi AGE / SEX 5Y/R DATE 27 Nov UHID

Personal History

Alcohol / Smoking / Tobacco

Chewing / other

Allergy (F)

Past History

Diabetes / HT / IHD / TB

OTHER (-)

Menstrual History

Current Medication

Vaccination Status

Initial Assessment &

Examination

Pulse Rate - 122/min

B.P. -

Resp Rate - 26/min

Temp - 98.4 F

Ht / Wt - 15 kg

SpO2 - 98%

Investigations

BS - 104 mg/dl

GLU - CW - 130 mg/dl

Chol - All - DE (+)

PTH - fall

Treatment

Adv.

RO

I.V.F - RL @ 900ml in 8 hr & 900ml in next 16 hr

Inf - MONOCER 400mg I.V - 12hr

Inf - AMIKACIN 100mg I.V - 12hr

Inf - PCM 200mg - I.V - 8hr

Chief Complaints

A baby girl brought to casualty by father (Mr. Bhawad Singh) with deep scald burn = 30-35%.

HTO - burn by hot water today = 8 AM at home
Jai Nihar, Najafgarh Delhi near Bajrang Chowk

CLC - burn - BLK thigh, BLK buttock - lower back & forehead

CLC - Pain & Itching burn site

Pt admitted to Dr. A.K. Verma

pressing

Inf - MONOCER 400mg I.V - 12hr

Inf - AMIKACIN 100mg I.V - 12hr

Inf - PCM 200mg - I.V - 8hr

Name & Sign Of Doctor

Secondary Advise & Preventive Care

