Ref. No.: FRR/Vinayak/1035/2022-23
Dated: 16.03.2023

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Aman .
Sex: Male **Age:** 8 Years 6 Months.
Father Name: Mr.Pawan.
Address: Debai Bulandsharh (U.P.).
Diagnosis: Approx 45% Thermal Burn.
Date of Admission: 16/03/2023

Overall Analysis: The patient - Master Aman was brought in to our hospital by his father - Mr.Pawan on 16th March. 2023.The child has sustained Thermal Burn Injury due to accidentally coming with firecracker. Master Aman was playing at neighbor marriage party where people were bursting crackers in huge quantity suddenly master Aman contacted with crackers fire and got burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 45% TBSA Thermal . The Burns is on face area right hand,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 8.6 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 4 Weeks of treatment.

Funds - Hospital Stay(ICU and Ward)	77,500.00
Funds - RMO, Nursing, Consultants & Specialists	72,500.00
Funds - Dressing & Procedures	69,000.00
Funds - Rehabilitation (Physiotheraphy)	8,000.00
Funds - Medicines + Consummables + Transfusions	80,000.00
Funds - Pathology & Diagnostics	25,000.00
Total (in numbers)	332,000.00
Total (in words):	Three Lakh Thirty Two 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	**8,000.00**
Total (in numbers)	**8,000.00**
Total (in words):	**Eight Thousand Only**
Fund Requirement - TOTAL	
Stage 1	**332,000.00**
Stage 2	**8,000.00**
Total (in numbers)	**340,000.00**
Total (in words):	**Three Lakh Forty Thousand Only**

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

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 इन्डिया ट्रस्ट
सी-63 बेसमेन्ट साउथ-एक्स पार्ट-2
नई दिल्ली - 49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम पवन है। मेरा निवास दिबाई बुलंदशहर U.P है। मेरा एक बेटा है, जिसका नाम अमन है। जिसकी आयु 8.6 वर्ष है। मेरा बेटा बारात में पटाके जलाते हुए जल गया। जिसके कारण मै उसे नोएडा के विनायक हास्पीटल लेकर आ गया और वहाँ पर उसके ईलाज के लिए 3,50,000/- रूपये का खर्चा बताया गया है। जो कि मैं यह खर्चा उठाने में असमर्थ हूँ। अतः आपसे निवेदन है। मेरे बेटे को सहायता प्रदान करें।

आपकी अतिकृपा होगी।

आपका प्रार्थी
पवन

Date - 16/03/23
बेटे का नाम - अमन
उम्र - 8.6 वर्ष
पता - दिबाई बुलंदशहर U.P

पवन

MLC NO:

UHID P2214309

VINAYAK HOSPITAL™

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

V.H. No. 2206459/22-33

Room No. 203 Catagory

Date of Admission 16-3-23

Name MASTER AMAN

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

Occupation

Age 8 YRS 6 MONTH Sex M

Religion HINDU

Father's / Husband's Name

Address DEBAI BULANDSHAHR U.P

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accopanying relative

Phone : Office Res.

R.M.O. Dr. MINI Informed at 1:09PM

Admitting Dr. ASHOK KR VERMA Informed at 1:09PM

Receptionist

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.

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

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

![Vinayak Hospital logo]

VINAYAK HOSPITAL

18727

MLC. NO - 33799 outside

EMERGENCY ASSESSMENT

NAME MASTER. AMAN AGE / SEX 8 yr 6 m DATE 16/3/23 UHID P2214905

Chief Complaints Tire - 01:00 pm

Personal History
Alcohol / Smoking / Tobacco Chewing / other ⊖

Allergy ⊖

Past History ⊖

Diabetes / HT / IHD / TB
OTHER
Menstrual History
Current Medication

Vaccination Status

- A 8 yr 6 month old male patient brought to the Casualty with Alleged Thermal Burn pt took treatment Safdarjung Hospital New Delhi (on 27/01/2023
T.B.S.A. 45%
c/o - Severe pain in B/L leg & Back & difficulty in walking & standing
- fever & chills as of OT

Inital Assessment & Examination

Treatment

Pulse Rate - 114 /min
BP - 120/70 mmHg
Resp Rate - 24/min
Temp - 98°F
Ht / Wt - 25 kg
SpO2 95% RA

CNS conscious oriented
CVS S1 S2 +
P/A soft
Chest clear

Adv - Admission under Dr. A.K. Verma
Rx

Investigations
RBS - 116 mg/dl

- Dr. A.K. Verma Infant Care

Inj - MONOCEF 500 mg. IV 12 h
Inj - AMIKACIN 200 mg. IV 12
Inj - DYNPAR 25 mg. IV 8 h
Inj - PAN 20 m 24 h
Tab - ZINCOVIT p/o
Tab LCZ 5 m. 24 h

Name & Sign Of Doctor

Dietary Advise & Preventive Care

High protein diet

CASUALTY MEDICAL OFFICER
VINAYAK HOSPITAL

PILLOW COVER
TOWEL
PATIENT GOWN