



Ref. No.: FRR/Vinayak/1008/2023-24

Dated: 19.05.2023

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Anugrah.

Sex: Male **Age:** 1 Year.

Father Name: Mr. Ravi Kumar.

Address: Kulesra DBM Public School noida G.B. Nagar(U.P.).

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 18/05/2023

Overall Analysis: The patient - Master Anugrah - was brought in to our hospital by his father - Mr. Ravi Kumar on 18th May 2023. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot milk while he was playing at home. His mother was warming milk for family and he was playing near to her suddenly he contacted with hot milk and he got thermal burn. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 30% TBSA Thermal Burn Injury. The Burns is on abdomen area, and leg 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 year 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 3 Weeks of treatment.

Funds - Hospital Stay(ICU and Ward)	55,500.00
Funds - RMO, Nursing, Consultants & Specialists	60,500.00
Funds - Dressing & Procedures	63,000.00
Funds - Rehabilitation (Physiotherapy)	3,000.00
Funds - Medicines + Consumables + Transfusions	75,000.00
Funds - Pathology & Diagnostics	25,000.00
Total (in numbers)	282,000.00

Total (in words):

Two Lakh Eighty 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		282,000.00
Stage 2		8,000.00
Total (in numbers)		290,000.00
Total (in words):		Two Lakh Ninety Thousand Only

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



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 ट्रस्ट,

सी-63 वेस्मैन्ट साउथ स्कस पार्क-2

नई दिल्ली - 49

विषय:- आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम रवि कुमार है। मेरा निवास कुलेश्वर, D.B.M पब्लिक स्कूल गेट नौएडा में स्थित है। मेरा एक बेटा है। जिसका नाम अनुग्रह है। उसकी आयु 1 वर्ष है। मेरा बेटा घर में खेल रहा था, तभी अचानक से वह गर्म दूध के सम्पर्क में आ गया और जल गया, जिसके कारण मैं उसे नौएडा के विनायक हॉस्पिटल लेकर आ गया। यहाँ पर उसके इलाज के लिए 290000/- रुपये का रकबा बताया गया है। जो कि मैं यह रकबा उठाने में असमर्थ हूँ। अतः मेरा आपसे निवेदन यह है कि मेरे बेटे को सहायता प्रदान करें।

आपकी अतिकृपा होगी।

आपका प्रार्थी

रवि कुमार।

Date - 18/May/23

बेटे का नाम - अनुग्रह।

उम्र - 1 वर्ष।

पता - कुलेश्वर, D.B.M पब्लिक स्कूल, गेट नौएडा।

रवि कुमार



19390

EMERGENCY ASSESSMENT

NAME MASTER ANUGRAHA AGE / SEX 04 years DATE 18/5/23 UHID Male

Personal History

Alcohol / Smoking / Tobacco

Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication

Vaccination Status

Initial Assessment & Examination

Pulse Rate - 132 / min

B P -

Resp Rate -

Temp - 98.4 °F

Ht / Wt - 10 kg

Investigations

Treatment

ADMIT

Dr. AK Verma

Chas seen the patient
incubally

Dr. Adv

Medication (to be started by)
Dietary Advise & Chk
Preventive Care

Chief Complaints

year old child was brought to the casualty with 1/2 scald body due to accidental spillage of hot milk around 11 am today.

He was given first aid and initial treatment at the hospital before coming here.

Ch. Child is irritable, crying. Local exam of body reveals scald wound & loss of superficial skin over front of abdomen, left lower limb from part, right thigh, rt foot & some part in perineal area. (25% - 30%)
Systemic exam - NAD

Rx Dressing done Paraffin gauze
- IVF - RL 600ml in first 8hr
600ml in next 16hr
Total 1200ml in 24hr.
- Foley catheter to put
- Dri MONOCEP - 15mg IV BD
- Dri AMIKACIN - 75mg IV BD
- Syr CROCI - 2.5ml BD
- Syr LEVOCET - 2ml BD
- Aseptic Precaution

Name & Sign Of Doctor

Dr. (Lt. Col.) REKHA MISHRA
Casualty Medical Officer (CMO)
VINAYAK HOSPITAL
Regn. No. 2692

CASH

MTC No-3612

UHIN-5866



VINAYAK HOSPITALTM

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

V.H. No. IPD-489/23-24
 Room No. 202 Category
 Date of Admission 18/5/23

Name MASTER ANULRAH
 S/o, D/o, W/o MIR. RAVI KUMAR
 Occupation
 Age 1 YRS Sex M
 Religion HINDU
 Father's / Husband's Name
 Address RULESRA, D.B.M Public
SCHOOL
 Phone : Office Res.
 Advance Receipt No. Date 18/5/23
 For Rs.
 Name & Address of accompanying relative
 Phone : Office Res.
 R.M.O. Dr. REKHA Informed at
 Admitting Dr. ASHOK KUMAR VERMA Informed at
VINAYAK
 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 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.

Ravi Raj
 Signature of Patient / Relative

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

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

Authorised Signatory

