



Ref. No.: FRR/Vinayak/10024/2023-24

Dated: 27.11.2023

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Aditya.

Sex: Male **Age:** 3 Year.

Father Name: Mr.Pushpendra Yadav.

Address: Shahpur Bamheta Ghazlabad(U.P.).

Diagnosis: Approx 40% Thermal Burn.

Date of Admission: 26/11/2023

Overall Analysis: The patient - Master Aditya was brought in to our hospital by his father - Mr.Pushpendra Yadav on 26th November 2023. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot water while he was playing at home. His mother was boiling water for his family and he was playing near to her suddenly he contacted with hot water and he got thermal burn. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 40% TBSA Thermal Burn Injury. The Burns is on legs area, back area, private parts and hip areas. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 3 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 3 Weeks of treatment.

Funds - Hospital Stay(ICU and Ward)	55,000.00
Funds - RMO, Nursing, Consultants & Specialists	55,000.00
Funds - Dressing & Procedures	53,000.00
Funds - Rehabilitation (Physiotherapy)	3,000.00
Funds - Medicines + Consumables + Transfusions	55,000.00
Funds - Pathology & Diagnostics	18,000.00
Total (in numbers)	239,000.00

Total (in words):

Two Lakh Thirty Nine 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	6,000.00
Total (in numbers)	6,000.00
Total (in words):	Six Thousand Only
Fund Requirement - TOTAL	
Stage 1	239,000.00
Stage 2	6,000.00
Total (in numbers)	245,000.00
Total (in words):	Two Lakh Forty Five Thousand Only

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



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 बैस्मेन्ट साउथ-वक्स

पार्ट-2 नई दिल्ली - 110019

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम पुशापेंद्रा यादव है। मेरा निवास शाहपुर बहेमता गाजियाबाद U.P. 201001 में स्थित है। मेरा एक बेटा है। जिसका नाम आदित्या यादव है। उसकी आयु 3 वर्ष है। मेरा बेटा घर में खेल रहा था, तभी अचानक से वह गर्म पानी के सम्पर्क में आ गया और जल गया। जिसके कारण मैं उसे नाइडा के विनायक हॉस्पिटल लेकर आ गया। यहाँ पर उसके डॉक्टर के लिए डॉ. लाव पेंतालीस हजार रुपये का रकबा बताया गया है। जो कि मैं यह रकबा उठाने में असमर्थ हूँ। अतः मेरा आपसे निवेदन यह है कि मेरे बेटे का सहायता प्रदान करें।

आपकी अतिकृपा होंगी।

आपका प्रार्थी

पुशापेंद्रा यादव.

Date - 20/11/23

बेटे का नाम - आदित्या यादव

उम्र - 3 वर्ष।

पता - शाहपुर बहेमता

गाजियाबाद U.P.

201001

पुशापेंद्रा



VINAYAK HOSPITAL™

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

V.H. No. 1776/23/24
Room No. 202 Category
Date of Admission 26/11/2023

Name MASTER ADITYA YADAV
S/o, D/o, W/o MR. PUSHPENDRA YADAV
Occupation
Age 03 YRS Sex M
Religion HINDU
Father's / Husband's Name PUSHPENDRA YADAV
Address SHARUR BANHETA
GHAZIABAD - UP - 201001
Phone : Office Res.
Advance Receipt No. Date
For Rs.
Name & Address of accompanying relative
Phone : Office Res.
R.M.O. Dr. PINTO Informed at 12:00
Admitting Dr. ASHOK K. VERMA Informed at 12:10

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.

Signature of Patient / Relative

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

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

Authorised Signatory



19795

EMERGENCY ASSESSMENT

NAME MASTER Aditya YADAV AGE / SEX 3YRS / Male DATE 26/11/23 UHID

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

S.P.

Resp Rate - 30/min

Temp - 99.4°F

Ht / Wt - Wait today

Investigations - SpO2 97%

RBS 111mcv

Chief Complaints

MASTER Aditya YADAV, Boy, Aged 3YRS
Brought to Casualty by his father
with 1/4/0.

- Deep Scalded Burn

- TBSA = 35-40%

Burn by hot water at home

15/11/23. Initially taken

Treatment locally. Now patient come here
for further treatment.

Treatment

Areas involved Back, Buttocks, Corners
all through.

% Pain at burn site, itching fever -
severe pain at back pain.

Admitted under DR. Astha Kumar Vaid
Burn Surgeon. Father admitted GSH to ward
Dressy Burn.

Dietary Advise & Preventive Care

Ad 1. Morsay 3mg IV. 12H (2x) Indometh
2. Analgesic 3mg IV. 12H (2x)
3. New. 1mg IV. 8hr.
4. Keston 25mg 2hr

Name & Sign of Doctor



