





Ref. No.: FRR/Vinayak/10027/2023-24

Dated: 22.01.2024

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Priyanka .

Sex: Female **Age:** 10 years .

Father Name: Mr. Ramnath Singh.

Address: Prem Nagar, T27 Sohan Nagar Delhi .

Diagnosis: Approx 60% Thermal Burn.

Date of Admission: 22/01/2024

Overall Analysis: The patient - Priyanka was brought in to our hospital by her father - Mr. Ramnath Singh on 22nd January 2024. The child has sustained Thermal Burn Injury due to accidentally coming in contact with fire while she was at her uncle shop. She was playing at her uncle shop, suddenly priyanka contact with fire and she got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 60% TBSA Thermal Burn Injury. The Burns is on legs area, hand area, face area and chest area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 10 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 | 55,000.00 |
| Funds - RMO, Nursing, Consultants & Specialists | 55,000.00 |
| Funds - Dressing & Procedures | 57,000.00 |
| Funds - Rehabilitation (Physiotherapy) | 5,000.00 |
| Funds - Medicines + Consumables + Transfusions | 50,000.00 |
| Funds - Pathology & Diagnostics | 15,000.00 |
| Total (in numbers) | 237,000.00 |

Total (in words):

Two Lakh Thirty Seven 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 | 237,000.00 |
| Stage 2 | 8,000.00 |
| Total (in numbers) | 245,000.00 |
| Total (in words): | Two Lakh Forty Five Thousand Only |

| |
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| |
|--|

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



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
एक्स पार्ट-2 नई दिल्ली-49

विषय :- अधिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि, मेरा नाम राम नाथ-सिंह
है। मेरा निवास प्रेम नगर, T-27, सौदन नगर, दिल्ली में स्थित
है। मेरी एक बेटि है। जिसका नाम प्रियंका है। उसकी आयु 10 वर्ष
है। मेरी भाई की एक दुकान थी, जिसमें आग लगने के कारण,
मेरी बेटि उस आग के सम्पर्क में आ गई और जल गई। जिससे
कारण मैं उसे नौसडा के विनयक हस्पिटल लेकर आ गया।
यहाँ पर उसके इलाज के लिए दस लाख पैंतालीस हजार रुपये
का खर्चा बताया गया है। जो कि मैं यह खर्चा उठाने में असमर्थ
हूँ। अतः आपसे निवेदन यह है कि मेरी बेटि को सहायता प्रदान
करें।

आपकी अतिकृपा होगी।

आपका प्रार्थी

राम नाथ-सिंह।

Date - 22/11/24

बेटि का नाम - प्रियंका

आयु - 10 वर्ष

पता - T-27, प्रेम नगर, सौदन
नगर, दिल्ली।

राम नाथ



VINAYAK HOSPITALTM

NH-1. Sector-27. Atla. Noida-201301

UHID-11748

V.H. No. 100-1926/23/24
Room No. 202 Category
Date of Admission 22/1/24

Name BABY PRIYANKA
S/o, D/o, W/o MR. RAM NATH SINGH
Occupation
Age 10YRS Sex F
Religion HINDU
Father's / Husband's Name
Address PREM NAGAR - T. 27
SHAN NAGAR DELHI
Phone : Office Res.
Advance Receipt No. Date
For Rs.
Name & Address of accompanying relative
UNCLE (SHASHI)
Phone : Office Res.
R.M.O. Dr. REKHA Informed at 12.30 PM
Admitting Dr. DR. ASHOK KUMAR VERMA Informed at 12.35 PM
Receptionist

Unit / Consultant
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 BABY PRIYANKA AGE / SEX 10 / F DATE 22.1.24 UHID 11748

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 - 116/m

B P - 90/60

Resp Rate - 18/m

Temp - 100.4

Ht / Wt - 95.6

Investigations 25kg

Chief Complaints

Baby Priyanka, is brought by her Uncle. with deepburn due fire bracket in a store on 09.1.24 at 9hr with 60% Burn. Initially the child was treated for burn injuries at Safdarjung Hospital, Delhi then brought to further management of Burn injuries at VINAYAK Hospital today 22.1.24

Treatment

ON Exam: G.C. low febrile, full a Burn injuries at face, both lower limbs upper limb, left chest.

Sp 2.961

1. Vit. C. tab 500mg
2. PANC. D. 100. at once daily
3. high Protein diet
4. after body burn

Dietary Advise &
Preventive Care

Admitted by Dr. Ak Vohra

Name & Sign Of Doctor

NOIDA





