





PILLOW COVER

BEDSHEET

PATIENT GOWN

TOWEL

GAUC

www.reliefindia.org

Ref. No.: FRR/Vinayak/10032/2023-24

Dated: 27.03.2024

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Neharika.

Sex: Female **Age:** 2 Years.

Father Name: Mr. Avinash Sharma

Address: Jahar Singh Colony ,Barola SEctor 49 Noida (U.P.).

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 27/03/2024

Overall Analysis: The patient - Baby Neharika was brought in to our hospital by her father - Mr. Avinash Sharma on 27th March 2024. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot oil while she was playing at home. Her mother was making food for the family and she was playing near to her suddenly she contacted with hot oil and she 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 both hands 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 2 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 2 Weeks of treatment.

Funds - Hospital Stay(ICU and Ward)	45,000.00
Funds - RMO, Nursing, Consultants & Specialists	45,000.00
Funds - Dressing & Procedures	40,000.00
Funds - Rehabilitation (Physiotherapy)	5,000.00
Funds - Medicines + Consumables + Transfusions	38,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	188,000.00

Total (in words):

One Lakh Eighty Eight Thousand Only

Fund Requirement - Follow Up

Please find below the detailed fund requirement for Follow Up period of 1 Month Post Discharge.

Funds - Follow Up Visits & Dressings	2,000.00
Total (in numbers)	2,000.00
Total (in words):	Two Thousand Only
Fund Requirement - TOTAL	
Stage 1	188,000.00
Stage 2	2,000.00
Total (in numbers)	190,000.00
Total (in words):	One Lakh Ninety Thousand Only

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



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 वेल्फेयर माउथ-

एकम पार्ट-2 नई दिल्ली - 110019।

विषय:- आर्थिक सहायता हेतु प्रार्थना पत्र।

शुभचिन्तन निवेदन यह है कि मेरा नाम अविनाश शर्मा है।
मेरा निवास जाहर सिंह कॉलोनी, वरौला सेक्टर-49, नोएडा
स्थित है। मेरी एक बेटी है जिसका नाम निहारिका है।
उसकी आयु 2 वर्ष है। मेरी बेटी पर मैं खूब खर्च कर रहा था,
तभी अचानक से वह गर्म तेल के संपर्क में आ गई
और जल गई। जिसके कारण मैं उसे नोएडा के विनायक
अस्पताल लेकर आ गया और वहाँ पर उसके इलाज के
लिए एक लाख नव्वे हजार रुपये का खर्च बताया गया है।
जो कि मैं यह खर्च उठाने में असमर्थ हूँ। अतः आपसे
निवेदन यह है कि मेरी बेटी को सहायता प्रदान करें।

आपकी अतिकृपा होगी

आपका प्रार्थी

अविनाश शर्मा

Date - (27/03/24)

बेटी का नाम - निहारिका

आयु - 2 वर्ष।

पता - गली नं० 1 सेक्टर-49
वरौला, नोएडा।





VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2285/2224

Room No. 203 Category

Date of Admission 27-03-2024



Name <u>BABY NEHARIKA</u>	Unit / Consultant
S/o, D/o, W/o <u>AVINASH SHARMA</u>	Date of Discharge
Occupation	Provisional Diagnosis.....
Age <u>2yrs</u> Sex <u>Female</u>	Final Diagnosis
Religion	Infectious nature of disease : <u>Yes/No</u>
Father's / Husband's Name <u>AVINASH SHARMA</u>	Outcome : <u>LAMA / Stable / Improved / Cured / Died</u>
Address <u>JAHAR SINGH COLONY</u>	Death Record filled by Dr.
<u>BAROLA, SECTOR-4</u>	
<u>NOIDA</u>	
Phone : Office Res.....	
Advance Receipt No. Date	
For Rs.	
Name & Address of accompanying relative	
Phone : Office Res.....	
R.M.O. Dr. <u>SK. BEHARA</u> informed at <u>9:30 AM</u>	
Admitting Dr. <u>ASHOK KUMAR</u> informed at <u>9:30 AM</u>	
<u>[Signature]</u> 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.	
<u>[Signature]</u> Signature of Patient / Relative	
	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

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

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

Authorised Signatory



19795

EMERGENCY ASSESSMENT

NAME BABY NEHARIKA AGE / SEX 27 female DATE 27.03.2024 UID 2453

Chief Complaints

Personal History
 Alcohol / Smoking / Tobacco
 Chewing / other
 Allergy
 Past History
 Diabetes / HT / IHD / TB
 OTHER
 Menstrual History
 Current Medication

Patient. Baby Neharika, 2 year old female child brought by her father Avinash Sharma today at 9:30 AM (27.03.2024) due to burn injuries. The child accidentally put his hand in poily oil, which was cooking food at home on 26/03/2024 at 9:30 AM at home.

Vaccination Status
 Initial Assessment & Examination
 Pulse Rate - 140
 B P -
 Resp Rate - 30
 Temp - 98.6 F
 Ht / Wt - 135 cm

Treatment
 Patient got the first aid with local cream and brought here after father Ranjiv of Burn injuries. Approximate Burn area is 28% to 30%.

Investigations
RR 121
labia adnata
undischd. case
Ureter

1. T.T. 2nd, 1m
2. Dy. Amken 25mg, 10 12hrs
3. Dy. Apon 30mg, 10 12hrs
4. Syn. Ibuprofen plus sal Pts
5. Syntolm 5ml qd
6. N. - R. e. End. P. Pediatric admission 205

Dietary Advise & Preventive Care

Name & Sign of Doctor

