





Ref. No.: FRR/Vinayak/10033/2024-25

Dated: 26.04.2024

**PROFORMA INVOICE / FUND REQUISITION REPORT:**

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Baby Mishti.

**Sex:** Female **Age:** 1 year.

**Father Name:** Mr. Manoj Kumar.

**Address:** Gall Number 10, House number 743 Halder Nagar Delhi.

**Diagnosis:** Approx 35% Thermal Burn.

**Date of Admission:** 26/04/2024

**Overall Analysis:** The patient - Baby Mishti was brought in to our hospital by her father - Mr. Manoj Kumar on 26th April 2024. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot vegetable while she was at home. Her mother was warming vegetable for her family, suddenly baby Mishti contact with hot vegetable and she got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep upto 35% TBSA Thermal Burn Injury. The Burns is on head area, face area and hand 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	68,000.00
Funds - RMO, Nursing, Consultants & Specialists	55,000.00
Funds - Dressing & Procedures	62,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	70,000.00
Funds - Pathology & Diagnostics	15,000.00
<b>Total (in numbers)</b>	<b>274,000.00</b>

**Total (in words):**

**Two Lakh Seventy Four 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
<b>Fund Requirement - TOTAL</b>	
Stage 1	274,000.00
Stage 2	6,000.00
Total (in numbers)	280,000.00
Total (in words)	Two Lakh Eighty Thousand Only

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



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 वॉल्वेन्ट आउथ-

रेक्स पार्क-2, नई दिल्ली-19

विषय :- अर्थिक सहायता हेतु प्रार्थना पत्र।

अविनय निवेदन यह है कि मेरा नाम मनोज कुमार है। मेरा निवास गली नं०-10 H.No. 743 एफर दिल्ली में स्थित है। मेरी एक बंटी है। जिसका नाम मिस्ती है। उसकी आयु 1 वर्ष है। मेरी बंटी घर में खेल रही थी, तभी अचानक से वह गर्म खूबकी के संपर्क में आ गई और जल गई। जिसके कारण मैं उसे नांगडा के विनामक अस्पताल लेकर आ गया और वहाँ पर उसके इलाज के लिए डॉ. लारव अस्मी हजार रूपये का खर्चा बताया गया है। जो कि मैं यह खर्चा उठाने में असमर्थ हूँ। अतः आपसे निवेदन यह है कि मेरी बंटी को सहायता प्रदान करें।

आपकी अतिकृपा होगी

आपका प्रार्थी

मनोज कुमार

Mankumar

Date - (26/4/24)

बंटी का नाम - मिस्ती।

आयु - 1 वर्ष।

पता - गली नं०-10

H.No. 743 एफर दिल्ली।



# VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 122/24-25

Room No. 203 Category

Date of Admission 20/04/2024



Name BABY MISHTI

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

Occupation

Age 1 Year Sex F

Religion HINDU

Father's / Husband's Name

Address GALINDO-10 HNo. 743  
HAI DER - DELHI

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. DR. REKHA Informed at 11.30 AM

Admitting Dr. DR. ASHOK KUMAR VERMA Informed at 11.45 AM  
Chagnu  
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.

On patient shifted from Room No. to

On

On Shifted from Room No. to

On

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.

Manoj Kumar  
Signature of Patient / Relative

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

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

Authorised Signatory



19705

EMERGENCY ASSESSMENT

NAME BABY MISHTI AGE / SEX 01/F DATE 26/4/2024 UHID

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

Chief Complaints

The above child a case of accidentally fall down in a pot of Boiled Vegetable at home on 17.3.2024. Scaled Burn, both hands and head. Burn injuries 30% to 35%. Initially patient was taking treatment in old at Sushruti hospital, then patient shifted to this hospital

Vaccination Status

Initial Assessment & Examination 24m

Pulse Rate -

BP -

Resp Rate -

Temp - 98.6

Ht / Wt - 9kg

Investigations

Spo2 97%
Hb 12
Hct 35
Asctain

Treatment

for further Management of Burn Injuries.

A/s dressing

- Sp. Clotm. 20mg. 8hrly
- Sp. Ibuprofen 118g 8hrly
- Sp. Hemp. 1/2 Tab 12hrs
- Sp. MV. 118g 24hrs



Name & Sign Of Doctor

Dietary Advise & Preventive Care

