



Ref. No.: FRR/0035/02-18/2017-18

Dated: 14.02.2018

PROFORMA INVOICE / FUND REQUISITION REPORT:

PROJECT UNNATI*

(A Bihar Burn & Trauma Research Center Pvt. Ltd. Initiative)

Patient Name: Baby Mohini.

Sex: Female **Age:** 9 Years .

Father's Name: Mr. Sushil Kumar.

Address: B - 45 Chotpur Bahlolpur Noida G. B. Nagar (U.P).

Diagnosis: Approx 20% Thermal Burn.

Date of Admission: 14th Feb 2018

Overall Analysis:

The patient - Baby Mohini was brought in to our Noida Unit by her father - Mr. Sushil Kumar at 09:00 PM on 14th Feb 2018.8. The child has sustained Thermal Burn Injury due to accidentally coming in contact with fire while she was at home. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 20% TBSA Thermal Burn Injury. Mohini has injured her hand, legs and abdomen area. Considering that the patient is a child of 9 year, the injury is of a grave nature and might become life threatening if ignored. 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. Physiotherapy sessions would also be advised to achieve the best possible results and for a contracture free recovery.

Visuals:



Fund Requirement - During Hospital Stay

Please find below the detailed fund requirement for the first 2 Weeks of treatment.

Funds - Hospital Stay	14,000.00
Funds - RMO, Nursing, Consultants & Specialists	14,000.00
Funds - Dressing & Procedures	60,000.00
Funds - Rehabilitation (Physiotherapy)	20,000.00
Funds - Medicines + Consumables + Transfusions	46,000.00
Funds - Pathology & Diagnostics	16,000.00
Total (in numbers)	1,70,000.00

Total (in words):		One Lakh Seventy Thousand Only
Fund Requirement - Follow Up		
Please find below the detailed fund requirement for Follow Up period of 1.0 Month Post Discharge.		
Funds - Follow Up Visits & Dressings		10,000.00
	Total (in numbers)	10,000.00
	Total (in words):	Ten Thousand Only
Fund Requirement - TOTAL		
	Stage 1	1,70,000.00
	Stage 2	10,000.00
	Total (in numbers)	1,80,000.00
	Total (in words):	One Lakh Eighty Thousand Only

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



For Burn & Trauma Research Center
 (A Division of Bihar Burn & Trauma Research Center Pvt. Ltd.)
 5th Floor, Vinayak Hospital, Sector 27, Atta Market,
 NH - 1, Noida - 201301 (UP) www.burntreatment.in

AO/AD

सेवा में

मिशन हील

C-63, वेसमै-ट, सउद्य एम्स पार्क-2

नई दिल्ली

विषय - मेरी बेटी के इलाज हेतु आर्थिक सहायता के लिए
पार्श्व पत्र

महोदय,

सविनय निवेदन है कि मेरा नाम "पुशीम" है। मैं - B-45,
होटपुर, अलीपुर, गौणा, उत्तर प्रदेश का निवासी हूँ।

दिनांक - 14/02/18 को मैंने मेरी बेटी (बिलका नाम - मोहिनी,
उम्र - 09 वर्ष) को गौणा के "वर्न एण्ड ड्रामा रिसर्च सेंटर
अस्पताल" में भर्ती कराया क्योंकि मेरी बेटी आग से जल
गयी थी।

अस्पताल में उसके इलाज के लिए 1.80 हजार रुपये का
खर्चा बताया गया है।

श्रीमान् मैं इतना खर्चा देने में एकदम असमर्थ हूँ।

मेरी आर्थिक स्थिति भी बहुत बुरा है।

अतः श्रीमान् आपसे अनुरोध है कि आप मेरी बेटी
के इलाज हेतु आर्थिक सहायता प्रदान करें।

मैं आपका अत्यंत आभारी रहूँगा।

धन्यवाद

पुशीम

पुशीम कुमार



Admission Registration	
Patient Registration No.:	B-205
Date & Time of Admission:	14/02/18 9:00 AM
Patient's Name:	MISS MOHINI
Patient's S/o, D/o, W/o, H/o:	MR. SHUSHIL
Patient's Sex:	FEMALE
Patient's Age:	9 YEAR
Patient's Religion & Nationality:	HINDU / INDIAN
Patient's Address & Contact:	B-45, CHOTPUR BHALOLPUR, NOIDA GAUTAM BUDDH NAGAR, UTTAR PRADESH-201301
Nearest Police Station:	SECTOR-58, NOIDA
Patient's ID Proof Details:	
Attendant's Name:	MR. SHUSHIL
Attendant's S/o, W/o, D/o, H/o:	BABULAL
Relationship (Patient):	FATHER
Attendant's Address & Contact:	SAME
Attendant's ID Proof Details:	ADHAAR CARD - 693734135452
Accident Place, Date & Time:	AT HOME 06/01/18 7 AM
Previous Treatment Record:	
MLC Details:	

DECLARATION:

I/We hereby declare & undertake that the information provided in this performa is true to the best of my/our knowledge. I/We have been made to understand by the hospital staff that my/my/our patient's ailment (burn) is critical and its treatment is laden with the risk of life. I/We am getting myself/my/our patient admitted here at my own risk and will. In a possible case of my/my/our patient's permanent disability or death (Sudden or gradual) no doctor or staff of the hospital will be blamed or held responsible by me/us. I/We have been explained the cost of treatment by the hospital staff and during the course of my/my/our patient's treatment. I/We will ensure that all hospital, pharmacy, diagnostic & miscellaneous bills are never unduly challenged and paid on time by me/us. I/we also hereby undertake and agree to follow all the rules and regulations of the hospital and to co-operate with the hospital (BTRC) staff, local police and the government for any MLC (Medico Legal Case) formality and requirements. I/We also hereby undertake that I/We will be solely responsible for my/our valuables personal items & Belongings during my presence in the premises of BTRC & Vinayak Hospital.

31/01/18

Name & Signature (Patient / Attendant)

Name & Signature (Witness)


Doctor Incharge:

Ward Details:

Advance Received:

Patient Category:

Any Other:


 Sign. (date) (Staff - BTRC)

