





Ref. No.: FRR/Vinayak/1009/2018-19

Dated: 12.11.2018

PROFORMA INVOICE / FUND REQUISITION REPORT:

Raah'

Patient Name: Baby Khushboo.

Sex: Female. **Age:** 7 years.

Father's Name: Mr.Munna Lal.

Address: Village. Chotpur Caloney Sector 63 Noida (UP).

Diagnosis: Approx 40 % Thermal Burn.

Date of Admission: 12/11/2018

Overall Analysis:

The patient - Baby Khushboo was brought in to Vinayak Hospital, Sector-27 ,UP by her father - Mr.Munna Lal on 12.11.2018. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot water while her mother was cooking at home. The child was playing at home and contacted with hot water so that she burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 40% TBSA Thermal Burn Injury. The Burns are on hands,legs ,stomach and hip area . The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 7 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. Chest Physiotherapy sessions and Pressure Garments would also be advised to achieve the best possible results against a possible pulmonary collapse and for a contracture and scar free recovery.

Visuals:



Fund Requirement - During Hospital Stay

Please find below the detailed fund requirement for the first 6 Weeks of treatment.

Funds - Hospital Stay	94,500.00
Funds - RMO, Nursing, Consultants & Specialists	87,500.00
Funds - Debridement Surgery for legs and hands	45,000.00
Funds - Skin Grafting Surgery for legs and hands	45,000.00
Funds - Debridement Surgery for stomach and genital	45,000.00
Funds - Skin Grafting and genital part creation surgery	60,000.00
Funds - Dressing & Procedures	35,000.00

सेवा में

श्रीमान सुदधर

मिश्रान हील

सी-63 वेसकंठ लाउप रथरा पार्टी-2

नई दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र

महोदय

सविनय निवेदन यह है कि मेरा नाम मुन्ना लाल है। मेरा निवास स्थान नौरडा संकर-63 चाटपुर कालोनी में स्थित है। मेरी रकब बेटी है जिसका नाम सुशब है। जिसकी आयु लगभग वर्ष की है। मेरी बेटी सुशब घर में गर्म पानी से भरे हुए टब के ऊपर अचानक से गिर पड़ी जिससे वह जल गयी। इसके इलाज के लिए मैं उसे नौरडा के मिनाथक हॉस्पिटल में दिनांक 12-11-2018 को लेकर गया और उसे वहाँ पर भर्ती कराया, वहाँ पर उसके इलाज के लिए पाँच लाख पचास हजार रुपये का खर्चा व्यताया गया जो कि मैं यह खर्च उठाने में असमर्थ हूँ। अतः आपसे निवेदन है कि मेरी बेटी के इलाज के लिए सहायता प्रदान करें।

दिनांक
12/11/2018

आपकी आज्ञा सुपा होगी

बेटी का नाम - सुशब

उम्र - 7 वर्ष

पता - नौरडा संकर-63

चाटपुर कालोनी

आपका प्रार्थी

मुन्ना लाल

Website : www.vinayakhospital.org.in

CASUALTY RECORD

Reg. No. : Age/Sex : 7/1 P

Patient's Name : Baby Kushbhoo Occupation :

D/o, S/o, W/o : Mr. Umana Lal Occupation :

Address : W-1 - Charan Jadhav Colony, Sec-27 | F
Noida Phone No. : 9873777730

Consultant Name : Dr. Mukesh Kumar Dept.: Pk. Dk.

DATE	
<u>01/11/18</u> <u>At 8:30 PM</u>	<p>- Alleged H/O - Bone injury over lower side of inguinal region from hot water 1 year back.</p> <p>- Brought to casualty by her mother</p> <p><u>At present complaints:</u></p>
<u>05</u>	
<u>17/11/18</u>	<p>- Itching over burn area</p>
<u>18/11/18</u>	<p>- rashes</p>
<u>19/11/18</u>	<p>- mild fever on 20/11</p>
<u>20/11/18</u>	<p>- weakness</p>
<u>21/11/18</u>	<p>- fever</p>
<u>22/11/18</u>	<p>- fever</p>
<u>23/11/18</u>	<p>- Py. fever 20g WBC</p>
<u>24/11/18</u>	<p>- Py. fever (WBC 18000)</p>
<u>25/11/18</u>	<p>- Py. fever (WBC 12000)</p>

Chandrasekar
CMS/MS
CMS/MS
MSD - 1st year
MSD - 2nd year
MSD - 3rd year
MSD - 4th year
MSD - 5th year
MSD - 6th year
MSD - 7th year
MSD - 8th year
MSD - 9th year
MSD - 10th year
MSD - 11th year
MSD - 12th year
MSD - 13th year
MSD - 14th year
MSD - 15th year
MSD - 16th year
MSD - 17th year
MSD - 18th year
MSD - 19th year
MSD - 20th year

CASUALTY MEDICAL OFFICER
VINAYAK HOSPITAL, NOIDA

25/11/18 (MSD)



VINAYAK HOSPITAL™

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

V.H. No. 34746 / 18-17
Room No. 410 Category

Date of Admission 12/11/18

Name BABY KILISHOD
S/o, D/o, W/o MR. MUNNA LAL
Occupation DEALER
Age 7.5 yrs Sex F
Religion HINDU

Unit / Consultant DR. PRAVEEN KUMAR
DR. MUKESH KUMAR
Date of Discharge

Father's / Husband's Name

Provisional Diagnosis

Address VILL - CHARSI, JODHPUR
COLONY, SEC-63, NOIDA

Final Diagnosis

Phone : Office Res.

Infectious nature of disease : Yes/No
+ 30
Outcome : LAMA / Stable / Improved / Cured / Died

Advance Receipt No. Date

Death Record filled by Dr.

For Rs.

FOR DELIVERY CASE ONLY

Name & Address of accompanying relative
MOTHER (REENA)

Date and Time of Delivery

New Born : Male / Female

Phone : Office Res.

Birth record filled by Dr.

R.M.O. Dr. S.K. BETHERA Informed at 04:43 PM

Patient shifted from Room No. to

Admitting Dr. PRAVEEN Informed at 04:43 PM

On

MUKESH KUMAR
Receptionist

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.

Shifted from Room No. to

On

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]

Signature of Patient / Relative

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

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

Authorised Signatory





