

Ref. No.: FRR/Vinayak/10036/2022-23

Dated: 27.03.2023

## PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Arushi .

Sex: Female Age: 5 years.

Father Name: Mr. Bharat Singh.

Address: House Number 24,KH Number 60/13 Jai Vihar Phase 3 Baprola Delhi .

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 27/03/2023

Overall Analysis: The patient—Baby Arushi was brought in to our hospital by her father—Mr. Bharat Singh on 27th March 2023. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot boiling water while she was at home. The child was playing at home, while her mother was boiling water, she came in contact with hot water and suffered 2nd & 3rd degree burns. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 35% TBSA Thermal Burn Injury. The Burns are on abdomen area, chest area, hips area, genital area, legs area and back area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 5 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.



## Fund Requirement - During Hospital Stay

Please find below the detailed fund requirement for the first 3 Weeks of treatment.

Total (in words):	Two Lakh Fifty Five Thousand only	
Total (in numbers)	255,000.00	
Funds - Pathology & Diagnostics	5,000.00 64,000.00 15,000.00	
Funds - Medicines + Consummables + Transfusions		
Funds - Rehabilitation (Physiotheraphy)		
Funds - Dressing & Procedures	62,000.00	
Funds - RMO, Nursing, Consultants & Specialists	55,000.00	
Funds - Hospital Stay(ICU and Ward)	54,000.00	

Fund Requirement - Follow Up	
Please find below the detailed fund requirement for Follow Up period of 1.5 Month P	ost Discharge.
Funds - Follow Up Visits & Dressings	5,000.00
Total (in numbers)	5,000.00
Total (in words):	Five Thousand Only
Fund Requirement - TOTAL	
Stage 1	255,000.00
Stage 2	5,000.00
Total (in numbers)	260,000.00
Total (in words):	Two Lakh Sixty Thousand Only
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Kindly release the funds at the earliest for us to go ahead and execute the treatment for Baby Arushi.



MWN. Rission For Vinayak Hospital (A Division of Vinayak Hospital) 5th Floor, Vinayak Hospital, Sector 27, Atta Market, NH - 1, Noida - 201301 (UP)

भीवा मैं, भीमात अध्यक्ष मिश्रां हील भी-63 बैस्मैन्ट साउध रूक्स पार्ट-2 वई दिल्ली - 49,

विषय:- अरार्धिक अहायता हैतु प्रार्थना पत्र।

महोव्य स्पितम् निवेदन मह हैं। कि मेरा नाम भरत प्रिंह हैं। मेरा निवास HoNo-24 Kb no: 60/13 रबंधे Viltar, Phase-3 Babrola Dulli में स्थित हैं। मेरी रक्त बैटी प्यर में वर्षेल रही थी तभी अचानक से पह गर्म पानी के संमप्क में आ गई और जल गई। जिसके कारण में उसे नीएडा के विनामक द्यस्पीटल लेकर आ गया। यहाँ पर उसके ईलाज के लिस्ट 2,60,000/-रूपरे का रवर्चा खतामा गमा हैं। जो कि में यह रक्वी 3ठाने में असमर्थ हूं। अतः मेरा आपसे निवेदन यह हैं कि मेरी बैटी की सहामता प्रवान करें।

आपकी अतिकृपा हौगी। आपका प्राची। भरत सिंह।

Date - 27/03/23

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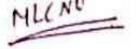
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Jai Vihar, Phase - 3, Baprola

Delhi.

भगत सिंह |





UMD - 2214684

VH No. 2206700

Room No. 205 Catagory

Date of Admission 27/03/2023

NAME BABY ARUSHI SID. DID. WID MR BHARAT SINGH	Unit / Consultant DLA. K. VERMA
Occupation	Date of Discharge
Age 5 YRS sex F Religion HINDU	Provisional Diagnosis
Father's / Husband's Name Address .H. NO 24 KH NO 60/13	Final Diagnosis
JATYIHAR PHASE- 3 BAPROLA DOLLI Phone: Office Res Advance Receipt No. Date	Infectious nature of disease Yes/No Outcome : LAMA / Stable / Improved / Cured / Died Death Record filled by Dr.
Name & Address of accopanying relative	FOR DELIVERY CASE ONLY  Date and Time of Delivery
Phone : Office Res	New Born : Male / Female  Birth record filled by Dr.
Admitting Dr. A.K. VERMA Informed at	Patient shifted from Room No
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
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	





	EMERGENCY ASSESSMENT	
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