

ZIG ZAG



Ref. No.: FRR/Vinayak/10021/2023-24

Dated: 29.09.2023

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Inayat .

Sex: Female Age: 5 years .

Father Name: Mr.Jahid.

Address: Vijay Nagar Ghaziabad (U.P.).

Diagnosis: Approx 25% Thermal Burn.

Date of Admission: 26/09/2023

Overall Analysis: The patient - Baby Inayat was brought in to our hospital by her father - Mr.Jahid on 26th September 2023. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot tea while she was at home. Her mother was making tea for family, suddenly baby Inayat contact with this hot tea and she got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 25% TBSA Thermal Burn Injury. The Burns is on right back area, hip area and legs 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.

Visuals:



Fund Requirement - During Hospital Stay

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

Funds - Hospital Stay	45,000.00
Funds - RMO, Nursing, Consultants & Specialists	45,000.00
Funds - Dressing & Procedures	42,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	45,000.00
Funds - Pathology & Diagnostics	12,000.00
Total (in numbers)	193,000.00

Total (in words):

One Lakh Ninety Three 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	2,000.00
Total (in numbers)	2,000.00
Total (in words):	Two Thousand Only
Fund Requirement - TOTAL	
Stage 1	193,000.00
Stage 2	2,000.00
Total (in numbers)	195,000.00
Total (in words):	One Lakh Ninety Five Thousand Only

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



For Vinayak Hospital

[A Division of Vinayak Hospital]

5th Floor, Vinayak Hospital, Sector 27, Atta Market,

NH - 1, Noida - 201301 (UP)

AO/AD

श्रीवा में,

श्रीमान अध्यक्ष-

मिशन डील

सी. 63 वेंसमेंट साउथ स्कस

फार्ट - 2

नई दिल्ली - 49

विषय:- अधिक सहायता हेतु प्रार्थना पत्र।

महोदय श्रविनय निवेदन यह है कि मेरा नाम जाद्वि है।
मेरा निवास अकबरपुर - बध्रामपुर विजय-नगर गाजियाबाद
में स्थित है। मेरी एक बेटी है। जिसका नाम इनायत है।
उसकी आयु 5 वर्ष है। मेरी बेटी घर में खेती कर रही थी,
तभी अचानक से वह गर्म चाय के सम्पर्क में आ गई और
जल गई। जिसके कारण मैं उसे नॉस्टा के विनायक
हॉस्पिटल लेकर आ गया और यहाँ पर उसके डॉक्टर के
लिए एक लाख पंचानवे हजार रुपये का खर्चा बताया
गया है। जो कि मैं यह खर्चा उठाने में असमर्थ हूँ। अतः
मेरा आपसे निवेदन यह है कि मेरी बेटी को सहायता प्रदान
करें।

आपकी अतिकृपा होगी
आपका प्रार्थी
जाद्वि ।

Date - 26/5/23

बेटी का नाम - इनायत

उम्र - 5 वर्ष

पता - अकबरपुर - बध्रामपुर
विजय नगर गाजियाबाद।

जाद्वि


VINAYAK
HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. IPD 1432/23-24Room No. 410 CategoryDate of Admission 26/9/23Name BABY INAYATS/O W/O MR. JAHID

Occupation

Age 5 YRS Sex FReligion MUSLIM

Father's / Husband's Name

Address AKBASI PURI BAHRAM PURIVIJAY NAGAR GZB UP - 201001

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. REKHA Informed at 15:37 PMAdmitting Dr. ASHOK KUMAR VERMA Informed at 18:33 PM

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.

JAHID

Signature of Patient / Relative

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.

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.



OPD INITIAL ASSESSMENT

31237

NAME BABY VINAYAK AGE / SEX 5/F DATE 26.9.2023 UHID 9653

Personal History

Alcohol / Smoking / Tobacco

Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication

Chief Complaints

Baby Vinayak brought by father, Jatin
A/4/0 hot tea burn child, has
accidentally fell on Pot of hot tea
while playing inside the house on 11.9.2023 at 8 AM.
Initial treatment has taken me to clinic and brought
here for further management of burn injuries.
Baby injury 25% and dressing done.
Injury to Cornea. Distal end Cornea Nerve

Pain Score



Vaccination Status

Initial Assessment & Examination

Pulse Rate -

B P -

Resp Rate -

Temp -

Ht / Wt -

130/m

20/m

98.4 F

by. Rontac 15mg SOS.

by. Moneyp 2.5mg for B/O

Investigations

H. Cvs - 8.8
Cm -
H. 8.7 + 8.8
Chf m -

by. Rontac 20mg. 11.8 mg B
by. Amici 112 mg An 8.8 mg
Rontac 20mg. 11.8 mg B

Dietary Advice & Preventive Care

light form
light

Follow up

DR. (C) S. K. BEHERA
CCMO MBBS
DMC Reg No. 48048