





Ref. No.: FRR/Vinayak/10043/2024-25

Dated: 06 .09.2024

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Krishbl.

Sex: Female **Age:** 1 Year .

Father Name: Mr.Mukesh Sahu.

Address:Sector 17 noida (U.P.).

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 03/09/2024

Overall Analysis: The patient - Krishbl was brought in to our hospital by her father - Mr.Mukesh Sahu on 03rd September 2024. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot daal while she was at home. Her mother was making food for her family, suddenly Krishbl contact with hot daal and got burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 35% TBSA Thermal Burn Injury. The Burns is on abdomen, legs area, hands 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 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	48,000.00
Funds - RMO, Nursing, Consultants & Specialists	50,000.00
Funds - Dressing & Procedures	46,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	44,000.00
Funds - Pathology & Diagnostics	8,000.00
Total (in numbers)	200,000.00
Total (in words):	Two Lakh 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		15,000.00
	Total (in numbers)	15,000.00
	Total (in words):	Fifteen Thousand Only
Fund Requirement - TOTAL		
	Stage 1	200,000.00
	Stage 2	15,000.00
	Total (in numbers)	215,000.00
	Total (in words)	Two Lakh Fifteen Thousand Only

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



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

AO/AD

सैवाभि,

श्री मान आदर्यक
मिशन हील

सी-63 वेस्मिन्ट लाउण्डर स्ट्रॉस पार्क - 2

नई दिल्ली- 110049

विषय -
प्रहरीदय,

आर्थिक सहायता हेतु प्रार्थना - पत्र

सविनय निवेदन यह है मेरा नाम मुकेश शाहू है
मेरा निवास स्थान सेक्टर 17 नोएडा मिडियम है।
मेरी एक बेटी है जिसका नाम कृष्णी है। वर्षों से जिसका
उच्चानक खिलौने-खिलौने पट गम दाल में पार गई
जिससे वह बल ग्राही है इसके इलाज के लिए मैं उसे
नोएडा के घनायक डॉ. पी.के. लेकर गया और
दिनांक 03/09/24 को वहाँ पर भर्ती कराया वहाँ
पर उसके इलाज के लिए दो लाख पंद्रह हजार रुपये
का खर्चा लगाया गया जो कि मैं घट खर्च उठाने में
असमर्थ हूँ अतः आपसे निवेदन है मेरी बेटी के
लिए सहायता प्रदान करें।

दिनांक
05/09/24

बेटी का नाम = कृष्णी
उम्र = 1 वर्ष
पता = नोएडा

आपकी आशीर्वाद हेतु
आपका प्रायकी
मुकेश शाहू

1-KHAJAN 020BAL

MLCNO - 3748

UKID-16764



A Unit of Chaudhary Nursing Home Pvt. Ltd

V.H. No. 1011/24-25
Room No. 206 Category
Date of Admission 3/9/24



Name BABY KRISHBI
S/o, D/o, W/o MR. MUKESH SHAHU
Occupation
Age 1yrs Sex F
Religion HINDU
Father's / Husband's Name
Address SEC-17 NOIDA
Phone : Office Res.
Advance Receipt No. Date 3/9/24
For Rs.
Name & Address of accompanying relative
Phone : Office Res.
R.M.O. Dr. SK. BEHERA Informed at 13:24PM
Admitting Dr. ASHOK KUMAR VERMA Informed at 13:24PM
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.
Patient shifted from Room No. to
On
Shifted from Room No. to
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.

Signature of Patient / Relative

Discharge Date Time Bill No. / R.No. Dated
For Rs. Received / Refundable after adjustment of advance Rs.

Authorised Signatory



24132

EMERGENCY ASSESSMENT

NAME BABY KRISHBI AGE / SEX 1y 1f DATE 03/09/24 UHID 16704

Personal History

Alcohol / Smoking / Tobacco
Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB
OTHER

Menstrual History

Current Medication

Vaccination Status

Initial Assessment & Examination

Pulse Rate - 124/m.

B P - -

Resp Rate - 26/m.

Temp - 98.9F

Ht / Wt - 9kg

SPO2 - 97%

Investigations

↳ RBS - 116 mg/dl

As advised. 206

Chief Complaints

Baby Krishbi was brought to casualty at 1:30 PM on 03/09/24 with 1^o thermal injury. H/o - Ab. to baby father, alleged history of accidental spillage of HOT deal led to burn all over her body below neck.

O/E - 1^o & 2^o scald burn present over her hand, finger abdomen, both legs, groin, genitalia (male) Area = 35.75% burn (TBSA).

Treatment

Dressing was done in silvers X cream, legocain jelly, and antibiotic ointment under aseptic condition

Advised to Dr. A.K. Verma

[Handwritten signature]

Sy. 9mgm. one daily

Sy. Augmentin 250ml daily.

Rest as advised by Consultant

[Handwritten signature]

Name & Sign Of Doctor
ASST. MEDICAL OFFICER
VINAYAK HOSPITAL, NOIDA

TRIAGE CODE
P1 RED
P2 YELLOW
P3 GREEN
P4 BLACK

Dietary Advise & Preventive Care *Give plenty of fluids.*

