





Ref. No.: FRR/Vinayak/10030/2022-23

Dated: 01.01.2023

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Mahima .

Sex: Female Age: 2.5 years .

Father Name: Mr.Tirath Kumar.

Address:House Number 211546 Kalyanpur Delhi.

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 4/01/2023

Overall Analysis: The patient - Baby Mahima - was brought in to our hospital by her father - Mr.Tirath on 3rd January 2023.The child has sustained Thermal Burn Injury due to accidentally coming in contact with fire while she was at home. Her family was warning with bone fire ,suddenly baby baby mahima contact with this bone fire and she 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 face,neck,shoulder and hand area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 2.5 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 3 Weeks of treatment.

Funds - Hospital Stay	55,000.00
Funds - RMO, Nursing, Consultants & Specialists	45,000.00
Funds - Dressing & Procedures	72,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	65,000.00
Funds - Pathology & Diagnostics	12,000.00
Total (in numbers)	253,000.00

Total (in words): Two Lakh Fifty 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	7,000.00
Total (in numbers)	7,000.00
Total (in words):	Seven Thousand Only
Fund Requirement - TOTAL	
Stage 1	253,000.00
Stage 2	7,000.00
Total (in numbers)	260,000.00
Total (in words):	Two Lakh Sixty Thousand Only

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



For Vinayak Hospital

[A Division of Vinayak Hospital]

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

NH - 1, Noida - 201301 (UP)

AO/AD

सेवा में

भूमिगत आवागमन

मिशन हील

सी-63 बेसमेंट साउथ एक्सप्रेस-2

नई दिल्ली-49

विषय: आर्थिक सहायता हेतु प्रार्थना - पत्र

महोदय,

सबिन्ध निवेदन यह है, मेरा नाम तीरथ है, मेरा निवास स्थान कल्याणपुरी दिल्ली में स्थित है, मेरी स्त्री बेटी है, जिसका नाम गीता है, जिसकी आयु 2 वर्ष 6 महीने की है, मेरी बेटी गीता खेल रही थी, आधीनक खेलते खेलते वह अलाव की आवाज के मारा पड़े च गयी, जिसकी चपेट में आकर मेरी बेटी जल गयी, इसके इलाज के लिए मैं उसे नोकरा के बिनापठ हॉस्पिटल लेकर गया और दिनांक 03-01-2023 को वहाँ पर भर्ती कराया, वहाँ पर उसके इलाज के लिए दो लाख साठ हजार रुपये का खर्च बताया गया, जो कि मैं यह खर्च उठाने में असमर्थ हूँ, अतः आपसे निवेदन है, मेरी बेटी के इलाज के लिए सहायता प्रदान करें।

आपकी आज्ञा ब्रूपा होगी,

आपका प्रार्थी

दिनांक

03-01-2023

बेटी का नाम - गीता

उम्र - 2 वर्ष 6 महीने

पता - कल्याणपुरी

दिल्ली

तीरथ



**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

U.H.ID P2211676

V.H. No. 2205058 / 22-23

Room No. 201 Category

Date of Admission 03/01/2023 / 23-24



Name BABY. MAHIMA

S/o, D/o, W/o MR. TIRATH

Occupation

Age 2-5 y Sex F

Religion HINDU

Father's / Husband's Name MR. TIRATH

Address KALIYANPURI, H.No-21/546
DELHI.

Phone : Office Res.

Advance Receipt No. Date 03/01/2023

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. HARI Informed at 02:48 PM

Admitting Dr. ASHOK KUMAR Informed at 02:48 PM

Arupa
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.

Arat
Signature of Patient / Relative

Unit / Consultant DR. ARSHAD K KUMAR

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.

Authorised Signatory



18052

EMERGENCY ASSESSMENT

mc NO - 3562

NAME Baby Mahima AGE / SEX 2.5 Y / F DATE 27/01/22 UHID

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 - 136/min

B P -

Resp Rate - 30/min

Temp - 98.4° F

Ht / Wt - 10kg

SpO2 - 98%
Investigations

Chief Complaints

- A female baby brought to casualty
A/H/O - scald burn by Hot
oil on 20/12/22
at 3.57.

- Clo - Pain at burn site
- Itching at burn site
A scald burn (involving face,
chest, Rt hand L knee, and
Rt ankle)

Treatment

In - MONOCLER 500mg IV - 12hr
(AST)

In - Amikacin 75mg IV - 12hr
(AST)

Syp - Pantoc - P/O - 5ml - 24hr

Syp - Ibugenic - P/O - 5ml - 8hr

Syp - Mucitizine - P/O - 3ml - 12hr
H.V.F - DMS @ 6ml / hr.

Dietary Advise & Preventive Care

CASUALTY MEDICAL OFFICER
Name & Signature of Doctor
VINAYAK HOSPITAL, NOIDA

8CE
Cus. no. Ⓢ
Cht. - ALL - VED
PIA - sell

