



Ref. No.: FRR/Vinayak/1021/2022-23

Dated: 31.07.2022

## PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Master Masoom.

**Sex:** Male **Age:** 1.5 Years .

**Father Name:** Mr.Sultan.

**Address:** Sector 126 Noida (U.P.).

**Diagnosis:** Approx 25% Thermal Burn.

**Date of Admission:** 31/07/2022

**Overall Analysis:** The patient - Master Masoom - was brought in to our hospital on 31st July 2022. The child has sustained Thermal Burn Injury due to accidentally coming in contact with boiled dal while he was playing at home. His mother was making dal for family while he was playing near mother and suddenly he contacted with boiled dal and he 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 hands area, abdomen area and chest area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 1.5 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(ICU and Ward)	55,000.00
Funds - RMO, Nursing, Consultants & Specialists	56,000.00
Funds - Dressing & Procedures	48,000.00
Funds - Rehabilitation (Physiotherapy)	3,000.00
Funds - Medicines + Consumables + Transfusions	42,000.00
Funds - Pathology & Diagnostics	12,000.00
<b>Total (in numbers)</b>	<b>216,000.00</b>

**Total (in words):**

**Two Lakh Sixteen 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	4,000.00
Total (in numbers)	4,000.00
Total (in words):	Four Thousand Only
Fund Requirement - TOTAL	
Stage 1	216,000.00
Stage 2	4,000.00
Total (in numbers)	220,000.00
Total (in words):	Two Lakh Twenty Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Master Masoom.



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

श्रीमान अध्यक्ष  
मिशन हिल

शी 63 लेसमैन्ट स्पाउथ रजवस पार्क - 2

नई दिल्ली - 49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय -  
अतिनय निवेदन रहा है की मेरा नाम सुल्तान  
है। मेरा निवास शेवटर - 126 नौरडा में स्थित  
है। मेरा रजक बेटा है। जिसका नाम मासूम  
है। जिसकी आयु रजक साल पांच महीने है।  
मेरा बेटा घर में खेल रहा था। तभी अचा-  
नक मेरा बेटा गर्म दाल के संपर्क में आ  
वाया और जल वाया जिसके कारण मैं  
उस नौरडा के विनायक अस्पताल लेकर  
वाया और वहां दिनांक 31-07-2022 को  
वहां पर भर्ती कराया वहां पर उसके इलाज  
के लिए दो लाख बीस हजार रुपये का  
खर्चा बताया गया है। जो की मैं सह खर्च  
उठाने में असमर्थ हूँ अतः आपसे निवेदन  
है की मेरे बेटे की सहायता प्रदान करें।

बेटे का नाम - मासूम

उम्र - रजक साल पांच  
महीने

पता - शेवटर - 126  
नौरडा

आपकी अति कृपासे  
आपका प्रार्थी  
सुल्तान

2-3-2022

दिनांक  
31-07-2022





# VINAYAK HOSPITAL™

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

V.H. No. 2202032 122-L3  
Room No. 204 Category .....  
Date of Admission 31/07/2012

Name MASTER. MASOOM

S/o, D/o, W/o MD. SULTAN

Occupation .....

Age 1 YR 6 MONTH Sex M

Religion MUSLIM

Father's / Husband's Name .....

Address SEC-12G, NOIDA

Phone : Office ..... Res. ....

Advance Receipt No. .... Date .....

For Rs. ....

Name & Address of accompanying relative .....

(FATHER)

Phone : Office ..... Res. ....

R.M.O. Dr. ASIF SUHAIL Informed at 01.09.12

Admitting Dr. AMIT KUMAR Informed at 01.09.12

hinkel  
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.

Sultan

Signature of Patient / Relative

Unit / Consultant DR. AMIT 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



3519

16156

## EMERGENCY ASSESSMENT

3519

NAME neuter masoom AGE / SEX 1.5 y/m DATE 31.7.22 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 -

B P -

Resp Rate -

Temp -

Ht / Wt -

Investigations

### Chief Complaints

130PM

Brought by maternal  
neph (STBT) at 130PM  
No Accidentally put left  
hand in a boiling bowl  
cooked dal at home  
at -

Time 530PM  
30.7.22

### Treatment

No sustaining burn of  
RT forearm area, Lt side  
fingers, a little bit on Lt thigh  
Extent 25/- superficial  
Genitalia spared, spared  
urine -  
Lungs - clear  
CVS - b7 b2 (15)  
PA - safe

- G.C. - good
- ① Dressing changed
  - ② Fresh dressing with silverex
  - ③ Sy: TT. 0.5ml IM
  - ④ Syrup Ibuprofen 5ml TDS

Advice to DR MIT

Name & Sign Of Doctor

VINAYAK HOSPITAL  
NABH  
Reg No. 48048  
DMC  
MBBS  
CCMO  
DR. (COL) S. K. BEHERA

Dietary Advise &  
Preventive Care



