





Ref. No.: FRR/Vinayak/10020/2023-24

Dated: 26.09.2023

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Sandhya .

Sex: Female **Age:** 2 years .

Father Name: Mr. Soorajpal.

Address: Laxmi Park Nagloli Delhi.

Diagnosis: Approx 15-20% Thermal Burn.

Date of Admission: 26/09/2023

Overall Analysis: The patient - Baby Sandhya - was brought in to our hospital by her father - Mr. Soorajpal - on 26th September 2023. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot water while she was at home. Her mother was boiling water for food, suddenly Baby Sandhya contacted with this water and she got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 15-20% TBSA Thermal Burn Injury. The Burns is on back, side, abdomen and leg areas. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 2 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	62,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	65,000.00
Funds - Pathology & Diagnostics	12,000.00
Total (in numbers)	243,000.00

Total (in words):

Two Lakh Forty 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	243,000.00
Stage 2	7,000.00
Total (in numbers)	250,000.00
Total (in words):	Two Lakh Fifty Thousand Only

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



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

AO/AD

भेवा में;

श्रीमान अध्यक्ष-

मिरान हिल

सी - 63 वेस्मैन्ट साउथ-व्क्स

पटि- 2

नई दिल्ली - 49.

विषय:- अर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय भविष्य निर्वदन यह है कि मेरा नाम भुरजपाल है। मेरा निवास लक्ष्मी नगर नांगलाई दिल्ली में स्थित है। मेरी बच्ची बंटी है, जिसका नाम संध्या है। उसकी आयु 2 वर्ष है। मेरी बंटी घर में खिल रही थी। तभी अचानक से वह गर्म पानी के संपर्क में आ गई और जल गई। जिसके कारण मैं उसे नौबटा के विनायक हॉस्पिटल लेकर आ गया और यहाँ पर उसके इलाज के लिए दो लाख पचास हजार रुपये का खर्चा बताया गया है। जो कि मैं यह खर्चा उठाने में असमर्थ हूँ। अतः मेरा आपसे निर्वदन यह है कि मेरी बंटी का सहायता प्रदान करें।

आपकी अतिकृपा होगी

आपका प्रार्थी

भुरजपाल

Date - 26/5/23

बच्ची का नाम - संध्या

उम्र - 2 वर्ष

पता - लक्ष्मी नगर नांगलाई दिल्ली।

सुरज



MLC NO - 3645

20888

EMERGENCY ASSESSMENT

NAME BABY SANDHYA AGE / SEX 2/E DATE 26/7/23 UNID 9661

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 - 132/m

B P -

Resp Rate - 20/m

Temp - 101°F

Ht / Wt - 0.8 kg

29.2 → 9.8%

Investigations

RBS - 96 mg/dl

g

in

As adv.

Treatment

Admit in Burn Ward



Dr AK Verma

(To be informed)

WGA contacted
no response

Chief Complaints

17.43 pm

The above child was brought to the
Casualty with l/o accidental moderate burn
on 22/7/23 at 6.30 am.

ME - Child in febrile

Has 1st/2 burn over back,
of side body, at knee back and
side
chest - clear.

- Taz M - 1 amp/m stat.
- Dressing with A/S
- Syb Dicyclanil - Hft + ds.
- Syb Augmentin - Hft + ds.
- oral diet as accepted
- IVF - as advised by sp/h.

Dr. (Lt. Col.) REKHA MOHANTY
Casualty Medical Officer (CMO)
Regn. No. 2691
VINAYAK HOSPITAL NOIDA

Dietary Advise &
Preventive Care

(oral diet as accepted)

Name & Sign Of Doctor

Name **BABY SANDHYA**Sp. Dia. W/o **MR. SOORAJPAL**

Occupation

Age **2 YRS** Sex **F**

Religion

Father's / Husband's Name

Address **NAGLO LAXMI PARK
NAGLO DELHI**

Phone Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

Phone Office Res.

R.M.O. Dr. **REKHA** Informed at **17:43 PM**Admitting Dr. **ASHOK K VERMA** Informed at **17:43 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.

Signature of Patient / Relative

Unit / Consultant **DR. ASHOK K. VERMA**

Date of Discharge

Provisional Diagnosis

Final Diagnosis

Infectious nature of disease Yes/No

Outcome LAMA Stable Improved / Cured / Died

Death Record filed by Dr.

FOR DELIVERY CASE ONLY

Date and Time of Delivery

New Born Male / Female

Birth record filed by Dr.

Patient shifted from Room No. to

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

