



Ref. No.: FRR/Vinayak/1062/2020-21

Dated: 21.01.2021

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Sapna .

Sex: Female **Age:** 6 years .

Father Name: Mr.Raju.

Address: Vill. Barola Noida Gautam Budh Nagar (U.P.).

Diagnosis: Approx 20% Thermal Burn.

Date of Admission: 21/01/2021

Overall Analysis: The patient - Baby Sapna - was brought in to our hospital by her father - Mr.Raju on 21st January 2021. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot boiling tea while she was at home. The child was playing at home ,while her mother making tea and then she contacted with hot tea and burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 20% TBSA Thermal Burn Injury. The Burns are on face area, and neck area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 6 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. Chest Physiotherapy sessions and Pressure Garments would also be advised to achieve the best possible results against a possible pulmonary collapse and for a contracture and scar free recovery .

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)	45,000.00
Funds - RMO, Nursing, Consultants & Specialists	45,000.00
Funds - Dressing & Procedures	46,000.00
Funds - Rehabilitation (Physiotherapy)	5,000.00
Funds - Medicines + Consumables + Transfusions	67,000.00
Funds - Pathology & Diagnostics	10,000.00
Total (in numbers)	218,000.00
Total (in words):	Two Lakh Eighteen 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	218,000.00
Stage 2	7,000.00
Total (in numbers)	225,000.00
Total (in words):	Two Lakh Twenty Five Thousand Only

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



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 हॉल

सी-63 वेसमेंट साउथ एक्स मार्ग-2

नई-दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र

महोदय

सौम्य विवेक यह है मेरा नाम राजू है मेरा निवास स्थान जोरठा के बरोला गांव में स्थित है मेरी शक बेटी है जिसका नाम सपना है जिसकी आयु 6 वर्ष की है मेरी बेटी घर में खेल रही थी उसका खेलते खेलते वह बगीचे में खो गई चाय के ऊपर गिर पड़ी जिससे वह जल गयी इसके इलाज के लिए मैं उसे जोरठा के विनायक हॉस्पिटल लेकर गया और दिनांक 21-01-2021 को वहां पर शर्ति कराया वहां पर उसके इलाज के लिए दो लाख रुपये का खर्च बताया गया जो कि मैं यह खर्च उठाने में असमर्थ हूँ अतः आपसे विवेक है कि मेरी बेटी के इलाज के लिए सहायता प्रदान करें।

दिनांक 21/01/2021

बेटी का नाम - सपना

उम्र - 6 वर्ष

पता - गांव बरोला

जोरठा (पुष्पगिरी)

आपकी आति कृपा होगी।

आपका प्रार्थी

राजू



VINAYAK HOSPITAL™

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

V.H. No.

Room No.

Date of Admission

Category

Name BABY SAPNA

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

Occupation

Age 06 YRS Sex F

Religion HINDU

Father's / Husband's Name

Address BAROLA NOIDA

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

MOTHER

(KAVITA)

Phone : Office Res.

R.M.O. Dr. MINI Informed at 08:22 AM

Admitting Dr. ASHOK VERMA Informed at 08:22 PM

VERMA

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 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.

Authorised Signatory

EMERGENCY ASSESSMENT

9586

NAME Baby Sayana AGE / SEX 6y/F DATE 21/01/2024 UHID 81-3:22 pm

Personal History

Alcohol / Smoking / Tobacco
Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication

Vaccination Status

Vital Assessment & Examination

Pulse Rate - 104 bpm

B P - 100/60

Resp Rate - 28/L

Temp - 100.6 F

Ht / Wt - 100 cm / 15 kg

Investigations

Dietary Advise & Preventive Care

Chief Complaints

Patient brought to the casualty by her parents with alleged 2/2 - scald burn (= 1st + 2nd) from hot tea on 18/01/2024 at home. - he-side of caisson oriented
- Scald burn over face neck Rt-side head Rt. U/L
- Blister formation
- Periorbital oedema
- Fever off and on

Examination - 8y - Cherry red - 8 per - 96% on R.A
- Dressing with Silver-K & Xylacine done
- Hy. Monocap 175mg WZM
- M. Amikacin 100mg IV 2x
- M. Miconal 300mg SL 1x
- Syp. Ibuprofen 500mg 2x
- Syp. Paracetamol 500mg 4x
- Syp. Levocetizine 5mg 2x
- 1/2 Name & Sign Of Doctor
- High protein diet
- 7 weeks rest

CASUALTY OFFICER
VINAYAK HOSPITAL
21/01/2024

