Ref. No.: FRR/Vinayak/1018/2022-23
Dated: 08.06.2022

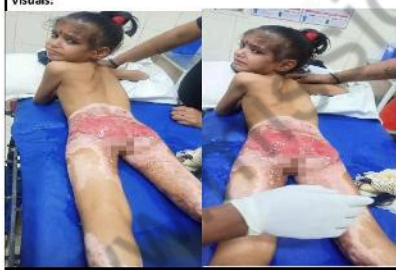
PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Tani .
Sex: Female **Age:** 6 years .
Father Name: Mr.Devender Kumar.
Address: House Number 108 J J Colony Wazirpur Delhi-52.
Diagnosis: Approx 30% Thermal Burn.
Date of Admission: 08/06/2022

Overall Analysis: The patient - Baby Tani was brought in to our hospital by her father - Mr.Devender Kumar on 8th June 2022. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot water while she was at home. Her mother was warming water for family suddenly baby tani contact with this hot water and she got burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 30% TBSA Thermal Burn Injury. The Burns is on legs,back area and hips 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.

Visuals:



Fund Requirement - During Hospital Stay

Please find below the detailed fund requirement for the first 3 Weeks of treatment.

Funds - Hospital Stay	65,000.00
Funds - RMO, Nursing, Consultants & Specialists	45,000.00
Funds - Dressing & Procedures	62,000.00
Funds - Rehabillitation (Physiotheraphy)	4,000.00
Funds - Medicines + Consummables + Transfusions	55,000.00
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 Tani.

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 हील
सी - 63, बेसमेंट साउथ एक्स पार्ट - 2
नई दिल्ली - 49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय, सविनय निवेदन यह है की मेरा नाम देवेंद्र कुमार है। मेरा निवास मकान नंबर 108 जे. जे. कॉलोनी वजीरपुर दिल्ली में स्थित है। मेरी एक बेटी है। जिसका नाम तोनी है। जिसकी आयु छह: वर्ष है। मेरी बेटी घर में खेल रही थी तभी अचानक मेरी बेटी गर्म पानी के सम्पर्क में आ गई और जल गई और जिसके कारण मैं उसे नौएडा के विनायक अस्पताल लेकर गया और वहां दिनांक 08.06.2022 को वहाँ पर भर्ती कराया वहाँ पर उसके ईलाज के लिए दो लाख पचास हजार रुपये का खर्चा बताया गया है। जो कि मैं यह खर्च उठाने में असमर्थ हूँ। अत: आपसे निवेदन है कि मेरी बेटी की सहायता प्रदान करें।

दिनांक
08.06.2022

बेटी का नाम - तोनी
उम्र - छह: वर्ष
पता - मकान नंबर 108
जे. जे. कॉलोनी वजीरपुर
दिल्ली

आपकी अति कृपा होगी
आपका प्रार्थी
देवेन्द्र कुमार

देवेन्द्र कुमार

MLC No. 3996

UHID No- P220 2706

VINAYAK HOSPITAL™

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

V.H. No. 220 1169 / 22-23

Room No. 201 Catagory .....

Date of Admission 08/06/2022

Name BABY TONI

S/o, D/o, W/o MR. DEVENDER KUMAR

Occupation .....

Age 6 YRS Sex F

Religion HINDU

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

Address H.NO. 108, J.J. COLONY, WAZIRPUR, DELHI - 110052

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

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

For Rs. .....

Name & Address of accopanying relative .....

(FATHER)

.....

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

R.M.O. Dr. ASIF SUHAIL ..... Informed at 05.42h

Admitting Dr. ASHOK VERMA ..... Informed at 05.42h

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 .....

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

VINAYAK HOSPITAL

MLC - 3996

EMERGENCY ASSESSMENT

15591

NAME: Baby Toni AGE / SEX: 6Y/F DATE: 08/06/22 UHID ....

Personal History

Alcohol / Smoking / Tobacco Chewing / other (-)

Allergy Not kno

Past History (-)

Diabetes / HT / IHD / TB (-)

OTHER

Menstrual History (-)

Current Medication (-)

Vaccination Status (-)

Chief Complaints

A 6years old female baby patient brought to the casualty c̄ H/o Scald Burn on 15/05/22 at approx 9:00am. due to patient fall in Bucket which was filled c̄ Hot water, while patient is playing at her home.

Inital Assessment & Examination

Pulse Rate - 120bpm

B P - —

Resp Rate - 24bpm.

Temp - 98.6°F

Ht / Wt - 122/18Kg.

SPO2 - 98% onRA

Investigations

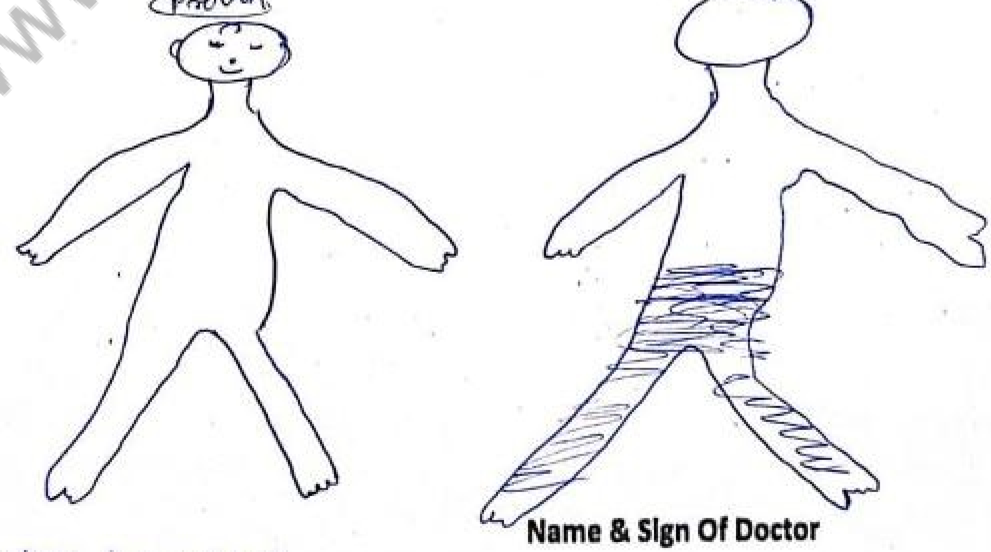
RBS - 96 mg/dL.

Treatment

C/F. Burn on. B/2 Buttock.
B/2 leg (posterior side).

c/o. Pain & itching on Burning site

~~Dehydration~~ (-). Front Back



Dietary Advise & Preventive Care

Diet as tolerable.

TBSA ≃ 30%.
A Scald Burn.

Name & Sign Of Doctor

PTO.

inj MONOCEF 750 gm — IV - 12 hrly.
inj AMIKACIN 150 mg. — IV / 12 hrly.
Syp. LEVOCETIRIZINE — 3ml - 2 OHly
Syp. Vitamin-C — 5ml - 2 OHly
Rest Rx as advised by her Consultant.

08/06/22.