



Ref. No.: FRR/Vinayak/1071/2021-22

Dated: 30.04.2021

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Zoya.

Sex: Female Age: 8 years.

Father Name: Mr. Raza.

Address: G-905 Jahagirpuri Delhi.

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 30/04/2021

Overall Analysis: The patient - Baby Zoya - was brought in to our hospital by her father - Mr. Raza on 30th April 2021. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot boiling water while she was at home. The child was playing at home, while her mother was boiling water, she came in contact with hot water and suffered 2nd & 3rd degree burns. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 35% TBSA Thermal Burn Injury. The Burns are on chest area, neck area and back area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 8 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 4 Weeks of treatment.

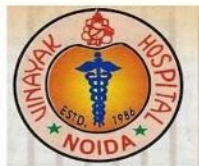
Funds - Hospital Stay(ICU and Ward)	54,000.00
Funds - RMO, Nursing, Consultants & Specialists	55,000.00
Funds - Dressing & Procedures	52,000.00
Funds - Rehabilitation (Physiotherapy)	5,000.00
Funds - Medicines + Consumables + Transfusions	64,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	2,45,000.00
Total (in words): Two Lakh Fourty Five 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	5,000.00
Total (in numbers)	5,000.00
Total (in words):	Five Thousand Only
Fund Requirement - TOTAL	
Stage 1	2,45,000.00
Stage 2	5,000.00
Total (in numbers)	2,50,000.00
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 Zoya .



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

AO/AD

सेवा से

श्रीमान आद्यक

मिशम हिल

सी- 63 बेसमेंट साउथ स्कर्स पार्ट-2

नई दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र

सहकर्ता

सविनय निवेदन यह है मेरा नाम राजा है मेरा निवास स्थान जहांगीरपुरी दिल्ली में स्थित है मेरी स्त्रुत बेटी है जिसका नाम जोया है जिसकी आयु आठ वर्ष की है मेरी बेटी घर में खेल रही है अचानक खेलते-खेलते वह काल में खेल रही थी उसी क्षण वह ऊपर गिर पड़ी जिससे वह जल गयी उसके ब्लाज के लिए मैं उसे जोरुआ के बिनायक हस्पिटल भेजकर गया और डिपॉजिट 30-04-2021 को वहाँ पर उसको अती कुराया वहाँ पर उसका ब्लाज के लिए दो लाख पचास हजार रुपये का खर्चा बताया गया जो कि मैं यह खर्च उठाने में असमर्थ हूँ अतः आपसे निवेदन है मेरी बेटी के ब्लाज के लिए सहायता प्रदान करें !

दिनांक 30-04-2021

आपकी प्रति सेवा होगी

बेटी का नाम - जोया

आपका प्रार्थी

उम्र - 8 वर्ष

राजा

माता - जहांगीरपुरी दिल्ली



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No.

Room No.

Date of Admission

Category



Name BABY. ZOYA

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

Occupation

Age 8 YRS

Sex F

Religion MUSLIM

Father's / Husband's Name

Address G-905, JAMAGIRPURA
DELHI

Phone : Office

Res

Advance Receipt No.

Date

For Rs

Name & Address of accompanying relative

Phone : Office

Res

R.M.O. Dr. ASHUTOSH

Admitting Dr. ASHOK KUMAR

Informed at 03:28 PM

Informed at 03:28 PM

(Signature)
Receptionist

Unit / Consultant DR ASHOK KUMAR 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

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

Discharge Date Time Bill No. / R No. Dated

For Rs Received / Refundable after adjustment of advance Rs

Authorised Signatory