



Ref. No.: FRR/Vinayak/10038/2024-25

Dated: 06 .07.2024

### PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Aarush

**Sex:** Female **Age:** 10 year .

**Father Name:** Mr.Rohit

**Address:**Sector 10 Noida(U.P.).

**Diagnosis:** Approx 30% Thermal Burn.

**Date of Admission:** 05/07/2024

**Overall Analysis:** The patient - Aarush was brought in to our hospital by his father - Mr.Rohit on 05th July 2024. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot water while he was at home. His mother was making food for her family, suddenly arush contact with hot water and 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 hands area and finger, shoulder 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 Year , 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 2 Weeks of treatment.

Funds - Hospital Stay	42,000.00
Funds - RMO, Nursing, Consultants & Specialists	45,000.00
Funds - Dressing & Procedures	35,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	40,000.00
Funds - Pathology & Diagnostics	15,000.00
<b>Total (in numbers)</b>	<b>181,000.00</b>
<b>Total (in words):</b>	<b>One Lakh Eighty One Thousand Only</b>

**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	9,000.00
Total (in numbers)	9,000.00
Total (in words):	Nine Thousand Only
<b>Fund Requirement - TOTAL</b>	
Stage 1	181,000.00
Stage 2	9,000.00
Total (in numbers)	190,000.00
Total (in words)	One Lakh Ninety Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Mater Aarush .



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 ब्रैसमेन्ट साउथ स्कस पार्क-2

नई-दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र

महोदय,

सविनय निवेदन यह है, मेरा नाम रोहित है। मेरा निवास स्थान सेक्टर-10 नोरखा में स्थित है। मेरा एक बेटा है, जिसका नाम आरुष है, जिसकी आयु 1 वर्ष की है। मेरा बेटा घर में खेल रहा था, अचानक खेलते-खेलते वह उबलते हुए पानी के पास पहुँच गया, जिससे वह जल गया, उसके इलाज के लिए मैं उसे नोरखा के विनाथक हॉस्पिटल लेकर गया और दिनांक 05-07-2024 को वहाँ पर भर्ती कराया, वहाँ पर उसके इलाज के लिए एक लाख नब्बे हजार रुपये का खर्च बताया गया जो कि मैं यह खर्च उठाने में असमर्थ हूँ। अतः आपसे निवेदन है, मेरे बेटे के इलाज के लिए सहायता प्रदान करें।

दिनांक  
05-07-2024

बेटे का नाम - आरुष

उम्र - 1 वर्ष

माता - नोरखा

आपकी आज्ञा ब्रह्मा होगी।

आपका प्रार्थी

रोहित

1-RAJAN(GLOBAL)

MLC-3731

UHID-15526



A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 615/24-25  
Room No. 202 Category .....



Date of Admission 5/7/24

Name MASTER AARUSH  
 S/o, D/o, W/o MR. ROHIT  
 Occupation .....

Age 1 yrs Sex M  
 Religion HINDU  
 Father's / Husband's Name .....

Address SEL-10 NOIDA  
 Phone : Office ..... Res. ....  
 Advance Receipt No. .... Date 5/7/24  
 For Rs. ....  
 Name & Address of accompanying relative .....

Phone : Office ..... Res. ....  
 R.M.O. Dr. S.K. BEHERA Informed at 13:22PM  
 Admitting Dr. ASHOK KUMAR VERMA Informed at 13:22PM  
Charu  
 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 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 .....

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.

Jwala  
Signature of Patient / Relative

Discharge Date ..... Time ..... Bill No. / R.No. .... Dated.....

For Rs. .... Received / Refundable after adjustment of advance Rs. ....

Authorised Signatory



**VINAYAK HOSPITAL**

(A Unit of Chaudhary Nursing Home Pvt. Ltd.)  
NH-1, Sector-27, Atta, Noida-201301



**VINAYAK HOSPITAL**

www.vinayakhospitalnoida.com



23502

**EMERGENCY ASSESSMENT**

NAME ARUSHI AGE / SEX n/yw DATE 5.7.24 UHID 15526

**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 per

B P - -

Resp Rate - 30 per

Temp - 98.2 of

Ht / Wt - 9 KG

SpO2 - 97%

RBS - 24 mmol

**Investigations**

**TRIAGE CODE**  
P1  RED  
P2  YELLOW  
P3  GREEN  
P4  BLACK

202

Spoken to AK Vener  
Dietary Advise & Preventive Care

**Chief Complaints**

IPM  
Brought by mother at IPM  
40 child accidentally came  
in contact with hot water  
being cooked at home  
at Harola. N.S.D.A

**On exam**

Child is bitterly crying  
Immediately byp & sugar  
plus was administered orally  
both hands from fingers  
to shoulder joint. superficial  
scalds - skin peeling out.  
Extent of burn 30%.

**Treatment**

- ① Dressing with it
- ② byp T.T. 0.5ml IN
- ③ byp Spargene 5ml sh
- ④ byp Augmentin 5ml sh
- ⑤ RR 250ml sh
- ⑥ byp Polycin 5ml sh
- ⑦ High protein diet  
of baby's age  
specific

Spoken to AK Vener

Name & Sign Of Doctor

Dr. (Col) S.K. BEHERA  
CCMO MBBS  
DMC Reg. No. 48048  
MMC 24779

VINAYAK HOSPITAL  
Website: www.vinayakhospitalnoida.com

