



Ref. No.: FRR/Vinayak/1075/2021-22

Dated: 08.06.2021

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Abhi.

Sex: Male **Age:** 1 year 9 Months .

Father Name: Mr. Amit Thakur

Address: Saraswati Vihar Khora Coloney Ghaziabad Near Kavita Place.

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 07/06/2021

Overall Analysis: The patient - Master Abhi - was brought in to our hospital by his father - Mr. Amit Thakur on 7th June 2021. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot oil while he was playing at home. His mother was making food and suddenly he contacted with hot oil and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 35% TBSA Thermal Burn Injury. The Burns is on right hand, head area and legs 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 9 months 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 4 Weeks of treatment.

Funds - Hospital Stay(ICU and Ward)	45,500.00
Funds - RMO, Nursing, Consultants & Specialists	47,500.00
Funds - Dressing & Procedures	68,000.00
Funds - Rehabilitation (Physiotherapy)	3,000.00
Funds - Medicines + Consumables + Transfusions	67,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	2,46,000.00
Total (in words):	Two Lakh Forty Six 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	4,000.00
Total (in numbers)	4,000.00
Total (in words):	Four Thousand Only
Fund Requirement - TOTAL	
Stage 1	2,46,000.00
Stage 2	4,000.00
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 Master Abhi.



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

AQ/AD

सेता मे,

श्री मान अध्यापक

गिरान हल

सी-63 बेसमेंट शास्त्र सभा - 2

नई दिल्ली - 49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय, खतिनप निवेदन है कि मेरा नाम अमित ठाकुर है।

मेरा निवास स्थान. सरस्वती बिहार, कोरा कालोनी
गानियाबाद, नियर कविता पैलेस है मेरा एक बच्चा है
जिसका नाम अमि है। जिसकी आयु 1 साल नाँ भहिने
है। मेरी पत्नी (6/6/2021) शाम को खाना बना रही थी
गरम तेल मेरे बच्चे के ऊपर गिर गया इस
लिये मेरा बच्चा जल गया। इसके इलाज के लिये मैं
नोयडा के विनायक हॉस्पिटल लेकर गया और (7/6/2021)
शाम को भर्ती कराया। जिसमें इलाज के लिये ढाई
लाख रुपये कौये गये हैं जो कि मैं ये खर्च उठाने में
असमर्थ हूँ अतः आपसे निवेदन है कि मेरे बच्चे के
इलाज के लिये सहायता प्रदान करें। आपकी अति
कृपा होगी।

(आपका प्रार्थी)

अमित ठाकुर

बच्चे का नाम - अमि

उम्र - 1 साल नाँ भहिने

पता - सरस्वती बिहार, कोरा कालोनी
गानियाबाद, नियर. कविता पैलेस,

दिनांक
8/6/2021

Aakash



11681

EMERGENCY ASSESSMENT

NAME Mrs. ABHI AGE / SEX 18 years DATE 7/6/21 UHID

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 -

B P -

Resp Rate -

Temp -

Ht / Wt -

Investigations

Treatment

Chief Complaints

hr 10:10 pm

pt brought to the casualty

c/o H/O: thermal burn (scald)

@ 6:00 pm on 6/6/21 at home as told by attend

- primary treatment taken in Sushthi hospital on 6/6/21

LIPS: scald burn areas (R)

head & (R) side back of

trunk & (R) thigh & leg.

& girth infra = 25 to 30

c/o: pain & burning sensation. Scald burn.

A. Thermal burn < 25-30%.

Scald burn.

Def RL/MS: 300 ml in study & 300 ml in 16 hr

On Enema: 400 mg 500 ml

On Analgesic: 80 mg

On Antibiotic: 800 mg

On Symp: A to 2

RBS - 116 mg/dl

Dietary Advise &

Preventive Care

What measures to be taken for the patient

CASUALTY MEDICAL OFFICER



**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No.

2100958 / 21-22

Room No.

SOS

Catagory

Date of Admission

07/06/21



Name

MAST ABHI

S/o, D/o, W/o

MR. AMIT THAKUR

Occupation

Age

1 year 9 month

Sex

M

Religion

HINDU

Father's / Husband's Name

Address

SARASWATI VIHAR KHORA

Phone : Office

Res.

Advance Receipt No.

Date

For Rs.

Name & Address of accompanying relative

(FATHER)

Phone : Office

Res.

R.M.O. Dr.

PINTU

Informed at

10/6pm

Admitting Dr.

A.K

Informed at

10/6pm

VERMA

Receptionist

Unit / Consultant

DR. A.K. 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

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

