



Ref. No.: FRR/Vinayak/10034/2024-25

Dated: 10.05.2024

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Aditya.

Sex: Male **Age:** 2 Years.

Father Name: Mr. Vikas Kumar.

Address: Vill. Sonda Havlpur, Post Sonda Havlpur Bulandshahr (U.P.) - 203132

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 10/05/2024

Overall Analysis: The patient - Master Aditya was brought in to our hospital by his father - Mr. Vikas Kumar on 10th May 2024. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot vegetable while he was playing at home. His mother was making food for his family and he was playing near to her suddenly he contacted with hot vegetable and he got thermal burn. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 30% TBSA Thermal Burn Injury. The Burns is on hand area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 2 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(ICU and Ward)	55,000.00
Funds - RMO, Nursing, Consultants & Specialists	55,000.00
Funds - Dressing & Procedures	40,000.00
Funds - Rehabilitation (Physiotherapy)	5,000.00
Funds - Medicines + Consumables + Transfusions	38,000.00
Funds - Pathology & Diagnostics	20,000.00
Total (In numbers)	213,000.00

Total (in words): Two Lakh Thirteen Thousand Only

Fund Requirement - Follow Up

Please find below the detailed fund requirement for Follow Up period of 1 Month Post Discharge.

Funds - Follow Up Visits & Dressings	2,000.00
Total (in numbers)	2,000.00
Total (in words):	Two Thousand Only
Fund Requirement - TOTAL	
Stage 1	213,000.00
Stage 2	2,000.00
Total (in numbers)	215,000.00
Total (in words):	Two Lakh Fifteen Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Master Aditya.



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

AO/AD

भैरा में,

श्रीमान अध्यक्ष-

मिशन हील

सी - 63 वेस्मैन्ट साउथ अक्स

पार्ट - 2, नई दिल्ली - 110041

विषय :- अर्थिक सहायता हेतु प्रार्थना पत्र।
महोदय सविनय निवेदन यह है, कि भैरा नाम विक्रम कुमार
हैं। भैरा निवास गांव सोडा हवीवपुर, पोस्ट सोडा हवीवपुर
सोडा हवीवपुर, बुलंशहर, उत्तर प्रदेश में स्थित हैं। भैरा एक
बेटा हैं। जिसका नाम अदित्या हैं। उसकी आयु 2 वर्ष हैं।
भैरा बेटा घर में खेल रहा था, तभी अचानक से वह गर्म
सड़की के संपर्क में आ गया और जल गया। जिसके कारण
में उसे नोस्टा के विनायक अस्पताल लेकर आ गया। यहाँ
पर उसके इलाज के लिए दो लाख पंद्रह हजार रुपये का
खर्चा बताया गया है। जो कि मैं यह खर्चा उठाने में असमर्थ
हूँ। अतः आपसे निवेदन यह है कि भैरा बेटे का सहायता
प्रदान करें।

आपकी अतिकृपा होगी
आपका प्रार्थी
विक्रम कुमार

Date - (10/May/24)

बेटे का नाम - अदित्या।

आयु - 2 वर्ष।

पता - गांव सोडा हवीवपुर, पोस्ट
सोडा हवीवपुर, सोडा हवीवपुर,
बुलंशहर, उत्तर प्रदेश।

विक्रम कुमार



VINAYAK HOSPITAL™

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

V.H. No. 100-201-24/25
Room No. 204 Category

Date of Admission 10/05/24

Name MASTER ADITYA
S/o, D/o, W/o MR VIKAS KUMAR

Occupation

Age 27 Sex M

Religion HINDU

Father's / Husband's Name

Address

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

Vill. SONDA HAVI VIK
Post. SONDA HAVN PUR
BULANDSHIR

Phone : Office Res.

R.M.O. Dr. SEBETHRA Informed at 12.00

Admitting Dr. ASHOK KR VERMA Informed at 12.30


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.

Signature of Patient / Relative

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

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

Authorised Signatory



19705

EMERGENCY ASSESSMENT

NAME ADITYA AGE / SEX 2 Male DATE 10/05/24 UHID

Chief Complaints

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 - 128 ml

B P -

Resp Rate - 24

Temp - 98.6

Ht / Wt - 1.65m

Investigations

MS. 98.4

Treatment

Brought by father Vikas,
 Patient was playing at home,
 accidentally fell down in
 Baid Vegetable Pan at home
 on 15/April/2024 and injury
 Patient took initial treatment
 at Sarda hospital then
 brought here for further treatment of
 Burn injuries - 25% to 30%
 Burn on hands

1. i.v. R.L 250ml 8hour
2. Drip antibiotic 250mg i.v. 12HR
3. Drip Azithromycin 12Hrs
4. Drip. IV 12Hrs
5. Hand wash with antiseptic
6. Dressing accordingly

DR. ASHOK KUMAR VERMA
 (MBBS, DNB, FLACS, FCRS, FBMS, PGDHW)
 CONSULTANT - LAI/ONCO/GEN. SURGERY
 REG NO. 25100

Name & Sign Of Doctor

Dietary Advise &
 Preventive Care



