



Ref. No.: FRR/Vinayak/1066/2020-21

Dated: 01.03.2021

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Arhan Khan .

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

Father Name: Mr.Mukin Khan.

Address: Sector 12 Noida, Gautam Budh nagar(U.P.) .

Diagnosis: Approx 25% Thermal Burn.

Date of Admission: 01/03/2021

Overall Analysis: The patient - Master Arhan Khan - was brought in to our hospital by his father - Mukin Khan - on 1st. March 2021. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot tea while he was playing at home. His mother was making tea near the cot where the child was kept when the child fell on utensil containing boiling tea. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 20 - 25% TBSA Thermal Burn Injury. The Burns are on the left-hand area, chest area and left leg. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 9 Months , 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 and 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)	46,500.00
Funds - RMO, Nursing, Consultants & Specialists	42,500.00
Funds - Dressing & Procedures	73,000.00
Funds - Rehabilitation (Physiotherapy)	3,000.00
Funds - Medicines + Consummables + Transfusions	75,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	2,55,000.00

Total (in words): Two Lakh Fifty 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	2,55,000.00
Stage 2	5,000.00
Total (in numbers)	2,60,000.00
Total (in words):	Two Lakh Sixty Thousand Only

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



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 आद्यपद

मिशन हॉल

सी-63 वेनसोन्ट साउथ रूयस पार्क-2

नई दिल्ली-49

विषय- आर्थिक सहायता हेतु प्रार्थना-पत्र

महोदय,

सविनय निवेदन यह है, मेरा नाम सुकीन खाँ है।
मेरा निवास स्थान नोरगा के सेक्टर-12 में स्थित है।
मेरा शूट बेरा है जिसका नाम अरदान है जिसकी
उम्र नौ महीने की है। मेरा बेरा अरदान घर में
बैठा रहा था। अचानक खेलते-खेलते वह बर्तन में
रखी गर्म चाय के पास पहुँच गया जिससे वह जल
गया। उसके इलाज के लिए मैं उसे नोरगा के विनायक
हॉस्पिटल लेकर गया और दिनांक 01-03-2021 को वहाँ
पर भर्ती कराया। वहाँ पर उसके इलाज के लिए दो लाख
साठ हजार रुपये का खर्च हुआ। जो कि मैं
यह खर्च उठाने में असमर्थ हूँ। अतः आपसे निवेदन है
मेरे बेटे के इलाज के लिए सहायता प्रदान करें।

दिनांक

01-03-2021

बेटे का नाम अरदान

नौ महीने

पार्क- सेक्टर-12 नोरगा

(सुकीन)

आपकी उक्ति बहुत ही सही।

आपका प्रार्थी

सुकीन खान



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2003487/20-21

Room No. 509 Category

Date of Admission 01/03/20-21



Name MASTER. ARHAN KHAN

S/o, D/o, W/o MR. MUKIN KHAN

Occupation

Age 9 Mm Sex M

Religion MUSLIM

Father's / Husband's Name

Address SEC - 12 NOIDA

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

(FATHER)

Phone : Office Res.

R.M.O. Dr. S.K. BENERA Informed at 8:33AM

Admitting Dr. ASHOK KUMAR Informed at 8:33AM

Signature
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
Signature of Patient / Relative

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

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

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



EMERGENCY ASSESSMENT

10235

NAME ARHAN KHAN AGE / SEX 9M / M DATE 1.3.21 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 - 150 / min

B P -

Resp Rate - 30 / min

Temp - 98.6 °F

Ht / Wt - 6 kg.

6P02 - 94%

Investigations

RRS 257 ms / day

509.

Chief Complaints

825 AM
Brought by parents
4 to 5 hot tea fell on the
body of the baby. at 7 AM
child was on the bed
and tea pot was just beside
the cot.

Treatment

Injury - Thermal burn
on entire chest +
left arm
- 1st knee
G.C. grade - 20-25/-

- ① Symp T.T. 0.5ml IM
- ② Symp Vaseline 1/2 cup
- ③ Symp 2ml
- ④ Symp 2ml
- ⑤ Symp 2ml
- ⑥ Symp 2ml
- ⑦ Symp 2ml
- ⑧ Symp 2ml
- ⑨ Symp 2ml
- ⑩ Symp 2ml

Dietary Advise &
Preventive Care

Name & Sign Of Doctor

DR. (Col) S. K. BEHERA

CCMO

MBBS

Reg No. 24779

VINAYAK HOSPITAL, NOIDA