





Ref. No.: FRR/Vinayak/1094/2021-22

Dated: 20.09.2021

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Ayush .

Sex: Male Age: 4 years.

Father Name: Mr. Vijay

Address: Vill Khora Mahalaxmi Garden Ghaziabad (U.P.).

Diagnosis: Approx 40% Thermal Burn.

Date of Admission: 13/09/2021

Overall Analysis: The patient - Master Ayush - was brought in to our hospital by his father - Mr. Vijay - on 13th September 2021. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot milk while he was at home. Her mother was warming milk when he in contact with the boiling milk and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 40% TBSA Thermal Burn Injury. The Burns is on right legs area, abdomen area, face area and chest area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 4 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 Wards)	45,000.00
Funds - RMO, Nursing, Consultants & Specialists	42,000.00
Funds - Dressing & Procedures	48,000.00
Funds - Rehabilitation (Physiotherapy)	6,000.00
Funds - Medicines + Consumables + Transfusions	59,000.00
Funds - Pathology & Diagnostics	10,000.00
Total (in numbers)	2,10,000.00

Total (in words): Two Lakh Ten 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	10,000.00
Total (in numbers)	10,000.00
Total (in words):	Ten Thousand Only
Fund Requirement - TOTAL	
Stage 1	2,10,000.00
Stage 2	10,000.00
Total (in numbers)	2,20,000.00
Total (in words):	Two Lakh Twenty Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Baby Ayush .



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 अध्यापक
मिशन हॉल

सी-63 बेसमेंट साउथ एक्स मार्ट-2
नई दिल्ली-49

विषय- आर्थिक सहायता हेतु प्रार्थना - पत्र
महोदय,

सविनय निवेदन यह है, मेरा नाम विजय है।
मेरा निवास स्थान नोरंगा के खोडा गांव
में स्थित है। मेरा एक बेटा है जिसका
नाम आयुष है जिसकी आयु चार वर्ष
की है। मेरा बेटा घर में खेल रहा था।
अचानक खेलते- खेलते वह बालन में रखे
गर्मी दूध के ऊपर गिर पड़ा जिससे वह
जख्म गया। उसके इलाज के लिए मैं उसे
नोरंगा के विनायक हॉस्पिटल लेकर गया
और दिनांक 13-09-2021 को वहाँ पर भर्ती
कराया। वहाँ पर उसके इलाज के लिए दो
लाख बीस 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
20/09-2021

बेटे का नाम- आयुष

उम्र- 4 वर्ष

पता- गाँव- खोडा

नोरंगा (यूपी)

आपकी आज्ञा रूपा होगी

आपका प्रार्थी

विजय



VINAYAK HOSPITALTM

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

V.H. No.

Room No.

Date of Admission

Category

2102797/21
511
13109121
DR. A.K. VERMA

Name MASTER AYUSH

S/o, D/o, W/o MR VIJAY

Occupation

Age 4 YRS Sex M

Religion HINDU

Father's / Husband's Name

Address VILL - KHURA MA LAXMI

GARDEN U.P.

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

FATHER

Phone : Office Res.

R.M.O. Dr. D.N.TU Informed at 10:48 PM

Admitting Dr. A.K. VERMA Informed at

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 of Patient / Relative

Unit / Consultant

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.

Authorised Signatory

12675

EMERGENCY ASSESSMENT

NAME MASTAR AYUSH

AGE / SEX 41 / m DATE 13/03/21 UHID 2102797

Personal History

Alcohol / Smoking / Tobacco
Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication

Vaccination Status

Physical Assessment &

Treatment

Examination

Pulse Rate - 130 bpm

B P -

Resp Rate - 24 / m

Temp - 98.6 F

Ht / Wt -

5ft 3in 58kg

Investigations

ECG - normal

chr 20 normal

ur. 10 mg

RBS - 185 mg/dl

Chief Complaints

Patient brought to the casualty
Almo Buren (cald) while playing
at home. and fall down of her
milk once body @ 2:30pm on
13/03/21 as told by Attendant
No 1010. No seizure / vomiting.

4/21. Deep down. c. Abdomen over
312 H & abdomen, chest
14/21.

7/21. Cold down 30-35+

8/21. Cold down 30-35+

Adm. - cleaning & dressing done
patient c. 4/10/21 fully
c. 10/21. (para 11)

Dr. P. R. 10/21: 50ml 1st 8hr
& 1st 50ml next 16 hrs.

In Patient tonight. 10/21
any and any for 1st
in 10/21 tonight on
in 10/21 tonight on

Name & Sign Of Doctor

Dr. PINTU KUMAR

MBBS

Reg. No. DMG/R/21208

VINAYAK HOSPITAL

Dietary Advise &
Preventive Care

(14) diet.

14/9/21

D. large thermal burn - chest
(30% Approx TBSA) B/L shoulder
neck

Ac = wound site healthy

Pt - day well

L-C-OK

Afebrile, vitals - norm

L/E = Burn site healthy well

= Dressy OK

adv managed = conventionally.

Dis today

① Synt. Cefazolin = (sm) B

② Synt. Cefazolin (sm) TBS

③ Synt. Penicillin (sm) - B

Dressy every 3rd day to



