





Ref. No.: FRR/Vinayak/1019/2022-23

Dated: 21.06.2022

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Gaurav.

Sex: Male **Age:** 3 Years .

Father Name: Mr.Ramesh.

Address: Mukherji Nagar GTB Nagar Delhi-110009.

Diagnosis: Approx 42% Thermal Burn.

Date of Admission: 21/06/2022

Overall Analysis: The patient - Master Gaurav - was brought in to our hospital by his father - Mr.Ramesh on 21st June 2022. 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 for family while he was playing near mother and suddenly he contacted with hot tea and he got burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 42% TBSA Thermal Burn Injury. The Burns is on leg area, hand, abdomen area, face area and back area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 3 Years and 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(ICU and Ward)	35,000.00
Funds - RMO, Nursing, Consultants & Specialists	26,000.00
Funds - Dressing & Procedures	38,000.00
Funds - Rehabilitation (Physiotherapy)	3,000.00
Funds - Medicines + Consumables + Transfusions	32,000.00
Funds - Pathology & Diagnostics	12,000.00
Total (in numbers)	146,000.00
Total (in words):	One 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	146,000.00
Stage 2	4,000.00
Total (in numbers)	150,000.00
Total (in words):	One Lakh Fifty Thousand Only

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



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 हिल

सी-63, वैश्वमेट साउथ (एक्स फार्ट - 2

नई दिल्ली - 110049

विषय - अर्थिक सहायता हेतु प्रार्थना पत्र

महोदय - सविनय निवेदन यह है कि मेरा नाम रमेश कश्यप है। मेरा निवास मुखर्जी नगर जी.टी.वी नगर में स्थित है। मेरा एक बेटा है। जिसका नाम गौरव कश्यप है। जिसकी आयु तीन साल है। मेरा बेटा घर में खेल रहा था तभी अचानक मेरा बेटा गम-चाय के सम्पर्क में आ गया और जल गया जिसके कारण मैं उसे नोएडा के विनायक अस्पताल लेकर गया और वहाँ दिनांक 21.06.2022 को वहाँ पर भर्ती करवाया वहाँ पर उसने इलाज के लिए एक लाख पचास हजार रुपये का खर्च बटाया गया है जो कि मैं यह खर्च उठाने में असमर्थ हूँ। अतः आपसे निवेदन है कि मेरे बेटे की सहायता प्रदान करें।

दिनांक

21.06.2022

बेटे का नाम - गौरव

उम्र - तीन साल

पता - मुखर्जी नगर

जी.टी.वी नगर

आपकी अति कृपा होगी

आपका प्रार्थी

रमेश कश्यप

रमेश

MLC-3503

UHID- P2203210



VINAYAK HOSPITAL™

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

V.H. No. 2201389/22-23
 Room No. 204 Category
 Date of Admission 21/06/22

Name MASTER. CHANDRAV KASHYAP

Unit / Consultant

DR. ASHOK KUMAR VERMA

S/o, D/o, W/o MR. RAMESH KASHYAP

Date of Discharge

Occupation

Provisional Diagnosis

Age 03 YRS Sex M

Religion HINDU

Final Diagnosis

Father's / Husband's Name

Address ~~MOHARSHI~~ MUKHERGI

NACHAR GTB NACHAR 110009

Phone : Office Res.

Infectious nature of disease : Yes/No

Advance Receipt No. Date

Outcome : LAMA / Stable / Improved / Cured / Died

For Rs.

Death Record filled by Dr.

Name & Address of accompanying relative

FOR DELIVERY CASE ONLY

FATHER (RAMESH)

Date and Time of Delivery

Phone : Office Res.

New Born : Male / Female

R.M.O. Dr. ASIF SUHAIL Informed at 03:16 PM

Birth record filled by Dr.

Admitting Dr. ASHOK KUMAR VERMA Informed at 03:16 PM

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



15703

EMERGENCY ASSESSMENT

NAME G. Durpu. AGE / SEX 03/M DATE 21/6/22 UHID P2203210

Personal History

Alcohol / Smoking / Tobacco

Chewing / other ☐

Allergy NO ☐ km

Past History ☐

Diabetes / HT / IHD / TB ☐

OTHER

Menstrual History ☐

Current Medication ☐

Vaccination Status

Initial Assessment &

Examination

Pulse Rate - 140 nt

B P -

Resp Rate - 28 nt

Temp - 98.6

Ht / Wt - 104 kg

Spo2 - 92%

Investigations

RBS - 90 mg/dl

Chief Complaints (Time 3:15 PM)

A 03 years old male body boy patient brought to the casualty 2 w/o.

Scaled Burn due to Hot tea, whole victim was fell in boiling tea, on 11/06/22 at approx. 6:35 pm at his home.

Patient had taken R in safety.

Treatment hospital Delhi

C/F. Burn on whole face. B/L Ear. Posterior whole back, (R) hand, (L) thigh. L2 & of abdomen.



A. Scaled Burn. (2° deepness Scaled Burn)

TBSA = 42%.

Dietary Advise & Preventive Care

oral es. tolerable

Name & Sign Of Doctor

PTO.

mg - MONOCEF 500 mg - 12 hourly / bid

mg - AMIKACIN 70 mg - 24 hourly

SXP - IBUCASTIC PLUS - 100mg 100mg 8 hourly

SXP - LEVOCETARZINE - 3ml - 12 hourly

Rest R as advised by
ho's consultant


21/06/22,

www.missionheal.org

