

Ref. No.: FRR/Vinayak/1097/2021-22

Dated: 18.11.2021

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Shaksham.

Sex: Male Age: 10 Months .

Father Name: Mr. Ankit

Address: House Number U-1/55 Budh Vihar Phase -1 ,Block-1 North Delhi.

Diagnosis: Approx 15% Thermal Burn.

Date of Admission: 18/11/2021

Overall Analysis: The patient - Master Shaksham was brought in to our hospital by his father - Mr.Ankit on 18th November 2021. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot water, while he was playing where his mother was boiling water when, suddenly he came in contact with the hot water and he got burnt. As a result of this incident, the child has sustained mostly 2nd & 3rd Degree Deep 15% TBSA Thermal Burn Injury. The Burns is on face area, neck area and the left 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 10 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. Surgical Skin Grafting if required, would be undertaken at a later stage.

Visuals:





Two Lakh Fifteen Thousand Only

Fund Requirement - During Hospital Stay

Please find below the detailed fund requirement for the first 3 Weeks of treatment.

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Funds - Hospital Stay(ICU and Ward)	43,500.00
Funds - RMO, Nursing, Consultants & Specialists	44,500.00
Funds - Dressing & Procedures	62,000.00
Funds - Rehabillitation (Physiotheraphy)	3,000.00
Funds - Medicines + Consummables + Transfusions	57,000.00
Funds - Pathology & Diagnostics	5,000.00
Total (in numbers)	2,15,000.00

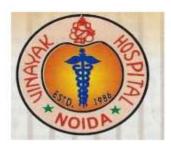
Total (in words):

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	2,15,000.00
Stage 2	10,000.00
Total (in numbers)	2,25,000.00
Total (in words):	Two Lakh Twenty Five Thousand Only

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



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

AO/AD

भीता में

श्रीमान आह्यसः 1भिगन हील १यी 63 वेसमैन्ट स्वाउद्य कृग्स पार्ट - 2 जर्ब दिवली 19

विषय - उमार्चिन भाषाचता हैतु प्रार्थना पत्र गहीदरा

> भगतिन्य ितेदन रहि है। दि मेश नाम अंमित है। मैश नितास H. NO. U-1/SS दुई तिहार PH-1 हलाँ र O-1 नाण दिल्ली में किशत हैं। मैश रूक वैता विस्तान नाम भ्यसम हैं। विस्थानी आयु दस्प महीना हैं। मैश वैता छर में श्वील रहा छा तसी अचानक मैश वेता निर्म पीनी के समर्पक में आ ग्राचा विसेक नारण हैलाव के लिस्स में अमें नीर्छा के तिनायक होकपीतल लेकर गया और वहाँ पर दिनाक 18-11-2021 की वहाँ पर अंति निराया वहाँ पर उसके हैलाव के लिस्स हीं लाख पत्चीरम हवार रूचि का श्वी कताया गया हैं। की कि में यह श्वी उहाँ में वैत के हैलाव के लिस्स शहाराता करें!

> > विते का नाम- क्रांका उपायकी आते क्रांग होगी उम्म - दस्म गहीना आपका भाषी पता- H.NO-U-1/55 मंकित पुर विहार PH-1 हलाँद जा नांश विस्त हिल्ली

MLC NO!-28249 (@boutside) UHID- P2110242



VINAYAK HOSPITAL™

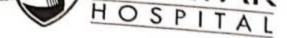
NH-1, Sector-27, Atta, Noida-201301

V.H. No. 2104289121-22

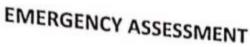
Room No. 5 9 Catagory

Date of Admission .1.8.111.2.1

Name MASTER SHAKSHAM SIO, DIO, WIO MR. ANKIT	Unit / Consultant DR. AMIT KUMAR
Occupation	Date of Discharge
Age 10 MONTH Sex M Religion HINDU	Provisional Diagnosis
Father's / Husband's Name Address H. NO- U- 1 SS PUNH	Final Diagnosis
MITHUR JH-1 BLOCK O-TWORK	H LOSC (LOSCH) Infectious nature of disease: Yes/No
Phone : Office	Outcome : LAMA / Stable / Improved / Cured / Died Death Record filled by Dr
For Rs	FOR DELIVERY CASE ONLY
Name & Address of accopanying relative	Date and Time of Delivery
	New Born : Male / Female
Phone : Office	Birth record filled by Dr
R.M.O. Dr. PASIF SUHAL Informed at 1.0.2 P Admitting Dr. AMI KUMAR Informed at 1.0.2	Ann
Admitting Dr. 1.11.111	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.	Shifted from Room No to
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.	



13543 EN





NAME SUDKShow AGE/SEX ON M DATE 18/11/21 UHID Alcohol / Smoking / Tobacco Chewing / other Allergy A 10 month old male buby Past History Diabetes / HT / IHD / TB brought to the converty mit. OTHER Menstrual History AlHIV. Burn due to Hot liquid. Current Medication an 16/11/21 at his own hown. Vaccination Status Budh viher phen - 1 Delli Inital Assessment & Treatment Examination OIE. Superficial to deep form. Pulse Rate -190 mg BP-OIF. Burn on face, Mercle, Resp Rate - 36 mit Temp 92.6 F Ht/Wt- 7kg. TBS4 = 151/ S102-964. Patient admitted & Dr. Amit. (Syrgean) Investigations Ar odrievel by him, ay RL 240ml Ev over Shrk RI 240-2 2 aver \$164x1 Ins tyuelcries) (32 m/48 Dietary Advise & Name & Sign Of Doctor hym Dia Preventive Care Aymenti asoy is TOS

Andrew 120mg in OD

