



Ref. No.: FRR/Vinayak/10039/2024-25

Dated: 18.07.2024

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Vaidik

Sex: Male **Age:** 1.7 years.

Father Name: Mr. Alkesh

Address: House Number 78, Sector 73, Noida(U.P.)

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 18/07/2024

Overall Analysis: The patient - Vaidik - was brought in to our hospital by his father - Mr. Alkesh on 18th July 2024. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot tea while he was at home. His mother was making tea, suddenly Vaidik came in contact with hot tea and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 30% TBSA Thermal Burn Injury. The Burns is on hands area, face area, abdomen, thigh 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 1.7 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 2 Weeks of treatment.

Funds - Hospital Stay	42,000.00
Funds - RMO, Nursing, Consultants & Specialists	45,000.00
Funds - Dressing & Procedures	35,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	40,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (In numbers)	181,000.00
Total (In words):	One Lakh Eighty One 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	9,000.00
Total (in numbers)	9,000.00
Total (in words):	Nine Thousand Only
Fund Requirement - TOTAL	
Stage 1	181,000.00
Stage 2	9,000.00
Total (in numbers)	190,000.00
Total (in words)	One Lakh Ninety Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Mater Vaidik :



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

AO/AD

श्रीवादी,

श्री.मान अहमद

मिशन हिल

सी. 63 वेस्टमिन्स हाउस इलाहाबाद-2

आई दिवसी- 49

विषय -
अनुदान,

आर्थिक सहायता हेतु प्रार्थना-पत्र

श्रीमान विवेक पट्टे हैं शेष नाम अलकेश शर्मा हैं

श्रीमान विवेक पट्टे 73 नोस्ट्रा के निवासे हैं

श्रीमान विवेक पट्टे हैं विवेक भायु वर्ष 7 महीना की हैं

विवेक नाम की हैं श्रीमान विवेक पट्टे हैं

अचानक बीमार होकर श्रीमान विवेक पट्टे हैं

पहुँच गया जिससे वह जल गया है उसके इलाज के

लिए 18/07/2024 के वहाँ पर भर्ती कराया वहाँ पर

उसके इलाज के लिए एक लाख नब्बे हजार रुपये का

सर्जिया गया है श्रीमान विवेक पट्टे हैं

अतः आपसे विवेक पट्टे हैं के लिए

सहायता प्रदान करें।

दिनांक
18/07/2024

लेखक का नाम = विवेक

उम्र = 1.7

पता = नोस्ट्रा

आपकी आति कृप्य हेतु

आपका प्राची

अलकेश



23633

EMERGENCY ASSESSMENT

MLE 3733

NAME VAIDIK

19 MONTHS

AGE / SEX MALE DATE 18/7/24

UHID 15750

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 - 132 *palp*

B.P. - - *mu*

Resp Rate - 28 *palp*

Temp - 98.5 *sf*

Ht / Wt - 14 Kg

60 02 97 *1*

Investigations

ABG 101 *mg/l*

Chief Complaints

1020hr
H/o hot boiling tea fell on the body, on RT - lateral aspect of chest, shoulder, left arm, thigh and cheek.

Extent 25-30%

Eye, Ear & genitalia spared

This happened at home

A-6-G, Shubhan Colony
Sec 73 NOIDA

Treatment

Brought by father
of G.E. god. child by
bitterly crying.

- ① Syrup Paracetamol
- ② Dressing after through wound toilet with betadine
- ③ Syrup phenazone 5ml stat & 60s
- ④ Syrup ibuprofen plus 5ml qh
- ⑤ Syrup Augmentin 5ml 12h
- ⑥ IV. f RL 350ml

Admit to DR A.K. Verma

Name & Sign Of Doctor

Dr. (Col) S. K. BEHERA
CCMO MBS
DMC Reg. No. 11012

MMC 24779

VINAYAK HOSPITAL NOIDA

Website : www.vinayakhospitalnoida.com

Admission to
DR A.K. Verma
201

Dietary Advise & Preventive Care

TRIAGE CODE
 P1 RED
 P2 YELLOW
 P3 GREEN
 P4 BLACK



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 694/24-25
 Room No. 201 Category.....
 Date of Admission 18/7/24



Name MASTER VAIDIK
 S/o, D/o, W/o MR. ALKESH
 Occupation.....
 Age 1.7 yrs Sex M
 Religion HINDU
 Father's / Husband's Name.....
 Address HNO-A6, SHUBHAM
APARTMENT SEC-73 NOIDA
 Phone : Office..... Res.....
 Advance Receipt No. Date 18/7/24
 For Rs.
 Name & Address of accompanying relative.....
 Phone : Office..... Res.....
 R.M.O. Dr. S.K. BEHERA Informed at 10:50AM
 Admitting Dr. ASHOK KUMA Informed at 10:50AM
-R VERMA
 Receptionist Charu

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

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

