





Ref. No.: FRR/Vinayak/10040/2024-25

Dated: 26.07.2024

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Yug.

Sex: Male **Age:** 2 years.

Father Name: Sonu Kumar

Address: 11, Bhag-2 Buddh Vihar VJ Jay Nagar Ghazabad (U.P.) 201009

Diagnosis: Approx. 45% Thermal Burn.

Date of Admission: 26/07/2024

Overall Analysis: The patient - Master Yug was brought in to our hospital by his father - Mr. Sonu Kumar on 26th July 2024. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot milk while he was at home. His mother was boiling milk for her family, suddenly Master Yug came in contact with hot milk and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 45% TBSA Thermal Burn Injury. The Burns are on hands area, back area and legs area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 2 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 4 Weeks of treatment.

Funds - Hospital Stay	95,000.00
Funds - RMO, Nursing, Consultants & Specialists	82,000.00
Funds - Dressing & Procedures	96,000.00
Funds - Rehabilitation (Physiotherapy)	8,000.00
Funds - Medicines + Consumables + Transfusions	102,000.00
Funds - Pathology & Diagnostics	35,000.00
Total (in numbers)	418,000.00
Total (in words):	Four Lakh Eighteen 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		7,000.00
	Total (in numbers)	7,000.00
	Total (in words):	Seven Thousand Only
Fund Requirement - TOTAL		
	Stage 1	418,000.00
	Stage 2	7,000.00
	Total (in numbers)	425,000.00
	Total (in words)	Four Lakh Twenty Five Thousand Only

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



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
मिशनरी
सी-63 बेसमेंट साउथ स्कूल पार्ट-2
नई दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र
सहायक

सविनय निवेदन यह है, मेरा नाम सोनू है
मेरा निवास स्थान बुधबिहार विजयनगर
गाजियाबाद में स्थित है, मेरा एक बेटा है
जिसका नाम युग है, जिसकी आयु 2 वर्ष
की है, मेरा बेटा घर में खेल रहा था,
अचानक खेलते-खेलते वह छत में रखे
गर्म दूध के ऊपर गिर पड़ा, जिससे वह
जल गया, इसके इलाज के लिए मैं उसे
नोरुजा के विनायक हॉस्पिटल लेकर गया
और दिनांक 26-07-2024 को वहाँ पर
भर्ती कराया, वहाँ पर इसके इलाज के
लिए चार लाख पच्चीस हजार रुपये का
खर्चा बताया गया, जो कि मैं यह खर्च उठाने
में असमर्थ हूँ, अतः आपसे निवेदन है, मेरे
बेटे के इलाज के लिए सहायता प्रदान करें।

आपकी अति कृपा होगी
आपका प्रार्थी
सोनू

दिनांक
26-07-2024

बेटे का नाम - युग

उम्र - 2 वर्ष

माता - बुधबिहार

विजयनगर गाजियाबाद



MLC 3735

EMERGENCY ASSESSMENT

NAME 23713 MASTER YUG AGE / SEX M/2yr DATE 26.7.24 UHID 15906

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 - 104 / min

B P - 110/70

Resp Rate - 26 / min

Temp - 98.4 / F

Ht / Wt - 92 cm / 12 kg

SPO2 94 %

Investigations

RBS 284 mg/dl

Chief Complaints

1215 PM -
1/0 Hot milk splat on the
rt side of body, abdomen, both
buttocks, RT whole arm -
on 20 June 2024
at 8 PM.

The child was taken to a local
dispensary where only dressing
was being done and advised
the father of the boy to bring
home.

Treatment

On exam - Dressing changed
comparatively deep scabs on the
above area mostly RT side chest
and abd - RT entire arm -

Extent of burn 45 %

Given combination for -

- 1) Through wound toilet
- 2) Synt. T. 5ml IM
- 3) Syrup Augmentin 5ml 12hr
- 4) Syrup Polysorb 5ml 264
- 5) Syrup Ibuprofen 5ml 605

10) N.F. RL @ 30ml / hr with
one MVI

Name & Sign of Doctor

Adul + DR Dr. Verma

Dr. (Col) S. K. BEHERA
CCMO MBBS

DMC Reg. No. 43048
MMC 24779

/ Website : www.vinayakhospitalnoida.com

Infused AP
in veins

203

Dietary Advise & Prevent

TRIA GE CODE

P1 RED

P2 YELLOW

P3 GREEN

P4 BLACK

M.L.C = 3735

UHID = 15906



A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 745/24-28-
Room No. 203 Category
Date of Admission 26/7/24



DR. ASHOK KUMAR VERMA

Name MASTER YUG
Sic. Dia. W/o MR. SONU KUMAR
Occupation
Age 24 Sex M
Religion HINDU
Father's / Husband's Name
Address 11, BHAG - 2, BUDDH VIHAR,
VIJAY NAGAR, GHAZIABAD, UP 201009
Phone : Office Res.
Advance Receipt No. Date 26/7/24
For Rs.
Name & Address of accompanying 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

Phone : Office Res.
R.M.O. Dr. S.K. BEHERA Informed at 12:33 PM
Admitting Dr. ASHOK KUMAR VERMA Informed at 12:37 PM
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

Discharge Date Time Bill No. / R.No. Dated
For Rs. Received / Refundable after adjustment of advance Rs.

Authorised Signatory

