



Ref. No.: FRR/Vinayak/1056/2020-21

Dated: 01.12.2020

## PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** baby Akansha .

**Sex:** Female **Age:** 6 Months .

**Father Name:** Mr.Preamjeet Gupta,

**Address:** Sector 45 Noida Vill.Sadarpur Gautam Budh nagar .

**Diagnosis:** Approx. 25% Thermal Burn.

**Date of Admission:** 1/12/2020

**Overall Analysis:** The patient - Baby Akansha - was brought in to our hospital by her father - Mr.Preamjeet Gupta on 1st Dec. 2020. The child has sustained Thermal Burn Injury due to accidentally coming in contact with fire while she was at home. We were warming up with wood fire and suddenly she fell into the fire and she burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 25% TBSA Thermal Burn Injury. The Burns is on face area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 6 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.



### Fund Requirement - During Hospital Stay

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

Funds - Hospital Stay(ICU and Ward)	65,000.00
Funds - RMO, Nursing, Consultants & Specialists	55,000.00
Funds - Dressing & Procedures	75,000.00
Funds - Rehabilitation (Physiotherapy)	8,000.00
Funds - Medicines + Consumables + Transfusions	77,000.00
Funds - Pathology & Diagnostics	35,000.00
<b>Total (in numbers)</b>	<b>315,000.00</b>

**Total (in words):**

**Three Lakh Fifteen Thousand Only**

**Fund Requirement - Follow Up**

Please find below the detailed fund requirement for Follow Up period of 1.5 Month Post Discharge.

<b>Funds - Follow Up Visits &amp; Dressings</b>		<b>10,000.00</b>
	<b>Total (in numbers)</b>	<b>10,000.00</b>
	<b>Total (in words):</b>	<b>Ten Thousand Only</b>
<b>Fund Requirement - TOTAL</b>		
	<b>Stage 1</b>	<b>315,000.00</b>
	<b>Stage 2</b>	<b>10,000.00</b>
	<b>Total (in numbers)</b>	<b>325,000.00</b>
	<b>Total (in words):</b>	<b>Three Lakh Twenty Five Thousand Only</b>

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Baby Akansha :



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

AO/AD

स्वीका में;

श्रीमति अद्यता

मिशन हिल

सी - 63 वेसमेट साउथ एक्स पार्ट - 2

नई दिल्ली - 49.

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय, श्रीमान निवेदन यह है कि मेरा नाम प्रेमजीत

शुक्ल ही मेरी लड़की 6 माह की है जिसका नाम

अकांक्षा है। पर पर हम लौक आगे तप रोहरे

तभी मेरी लड़की दात में किर गई और जल गई

जिले में नौरड के किनायक हस्पताल ले कर आया

जहां पर मेरी लड़की के इलाज का रकम तीस

लाख पच्चीस हजार बताया गया है जिसे मैं उठाने में

असमर्थ हूँ कृपया मेरी सहायता करें।

आपकी प्रति कृपा

आपका प्रथी

प्रेमजीत शुक्ल

बच्चे का नाम - अकांक्षा

उम्र - 6 माह

पता - सेक्टर - 45

गाँव सादरपुर नोका (फूफी)



# VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2002247/20-21  
 Room No. S10 Category .....



Date of Admission 01/12/2020

Name BABY: AKANSHA  
 L/S/o, D/o, W/o MR. PREMJEET GUPTA  
 Occupation .....

Age 6 MONTH Sex F  
 Religion HINDU  
 Father's / Husband's Name .....

Address SEC-45 VILL-SADARPUR  
NOIDA (U.P)  
 Phone : Office ..... Res. ....

Advance Receipt No. .... Date .....

For Rs. ....

Name & Address of accompanying relative  
MR. PREMJEET

Phone : Office ..... Res. ....

R.M.O. Dr. DIVTU Informed at 6:50 Pm  
 Admitting Dr. ASHOK KUMAR VERMA Informed at 6:50 Pm  
PURAS  
 Receptionist

Unit / Consultant DR. A. K. 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 .....

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.

Pers  
 Signature of Patient / Relative

Discharge Date ..... Time ..... Bill No. / R.No. .... Dated.....

For Rs. .... Received / Refundable after adjustment of advance Rs. ....



## EMERGENCY ASSESSMENT

8806

NAME BABY ANANSHA AGE / SEX 6 months DATE 11/12/20 UHID .....

### Chief Complaints

Time: 6:50 pm

PT brought to the casualty  
w/ H/O. Thermal burn ~~on the~~  
during playing at home  
@ 6:40 pm on 11/12/20 as  
told by M/s.

H/O: Deep burn on surface  
of neck & RU shoulder

BSA:  $\approx$  15-20%

A. Thermal Burn  $\approx$  15-20%

Adv: Dressing done by physician  
family of patient

Syng Ceftinid 2.5ml TID

Syng Enoxin 2ml TDS

Syng Pantoc 1.5ml TDS

Increase water intake

Rest as per consultant

Name & Sign Of Doctor

CASUALTY  
VINAYAK HOSPITAL

### Personal History

Alcohol / Smoking / Tobacco

Chewing / other

### Allergy

### Past History

Diabetes / HT / IHD / TB

### OTHER

Menstrual History

Current Medication

### Vaccination Status

### Initial Assessment &

### Treatment

#### Examination

Pulse Rate - 130 bpm

B P -

Resp Rate - SP02: 98%

Temp - 38.6<sup>o</sup>F

Ht / Wt -

RR: 36/min

#### Investigations

Sig - CVS - normal

ENT - normal

chest X-ray - normal

PIA - soft

Dietary Advise &  
Preventive Care

Home feeding

