



Ref. No.: FRR/Vinayak/1065/2020-21

Dated: 24.02.2021

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Sharwan Kumar .

Sex: Male **Age:** 9 years .

Father Name: Mr.Prakash.

Address: Sector 37 Noida, Gautam Budh nagar(U.P.) .

Diagnosis: Approx 25% Thermal Burn.

Date of Admission: 24/02/2021

Overall Analysis: The patient - Master Sharwan Kumar was brought in to our hospital by his father - Mr.Prakash on 24th Feb. 2021.The child has sustained Thermal Burn injury due to accidentally coming in contact with hot water while he was playing at home. His mother was warming water for bath and suddenly he fell on the boiling water and got 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 right hand 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 9 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(ICU and Ward)	22,500.00
Funds - RMO, Nursing, Consultants & Specialists	23,500.00
Funds - Dressing & Procedures	48,000.00
Funds - Rehabilitation (Physiotherapy)	3,000.00
Funds - Medicines + Consummables + Transfusions	53,000.00
Funds - Pathology & Diagnostics	10,000.00
Total (in numbers)	160,000.00

Total (in words):

One Lakh Sixty 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	5,000.00
Total (in numbers)	50,000.00
Total (in words):	Five Thousand Only
Fund Requirement - TOTAL	
Stage 1	160,000.00
Stage 2	5,000.00
Total (in numbers)	165,000.00
Total (in words):	One Lakh Sixty Five Thousand Only

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



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

AO/AD

सेवा से

श्रीमान जयपल

मिशान हील

जी- 63 वेसमोन्ट साउथ रूबस पार्क- 2

नई दिल्ली- 49

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र
सहाय

सर्वप्रथम निवेदन यह है मेरा नाम प्रकाश है, मेरा निवास स्थान सेक्टर 37 नोरुडा में स्थित है, मेरा रुक बेटा है जिसका नाम अक्षय कुमार है जिसकी आयु नौ वर्ष की है, मेरा बेटा घर में खेय रहा था अचानक खेय खेतों वह बर्तन में रखे गर्म पानी के कारण गिर पड़ा जिससे मेरा बेटा जल बाथ टाबले इलाज के लिए गे उसी नोरुडा के सिविल हॉस्पिटल लेकर गया और दिनांक 24-07-2021 को वहाँ पर भर्ती कराया, वहाँ पर उसके इलाज के लिए रुक लाख पैंसठ हजार रुपये खर्च बताया गया जो कि मैं भए नहीं कर सका, अतः आपसे निवेदन है कि मैं बेटे के इलाज के लिए सहायता प्रदान करें

दिनांक 24-07-2021

आपकी उज्ज्वलता के लिए

आपका प्रार्थी

प्रकाश

बेटे का नाम - अक्षय

उम्र - 9 वर्ष

पता - सेक्टर 37 नोरुडा
(यूए पी०)

Name MASTER SHARWAN KUMAR Unit / Consultant DR. ASHOK K VERMA

S/o, D/o, W/o MR. PRAKASH

Occupation

Age 9 YRS Sex M

Religion HINDU

Father's / Husband's Name

Address SEC - 37 NOIDA

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

(FATHER)

Phone : Office Res.

R.M.O. Dr. ASHOK KUMAR Informed at 05:30 PM

Admitting Dr. ASHOK K VERMA Informed at 05:30 PM

Rinku
 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]
 Signature of Patient / Relative

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

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

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



EMERGENCY ASSESSMENT

10156

NAME Mrs. Sharan AGE / SEX 9 y / M DATE 24/02/2021 UHID

Personal History

Alcohol / Smoking / Tobacco

Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication

Vaccination Status

Chief Complaints

At 5:30 PM

A case of thermal burn over (Rt.) chest and arms (13 days)

- Foul smell \oplus
- Greenish discharge
- Foul \oplus
- Restricted movement of limbs
- Re-ick / Conscious / oriented

Initial Assessment & Examination

Pulse Rate - 100

B P - 100/70

Resp Rate - 24

Temp - 100.4

Ht / Wt - 141 / 37kg

Investigations

Treatment

poor explained
 Sy
 Chest & arm
 cur / acty
 oval
 D. Deep burn (2nd / 3rd)
 o Restricted movement of limbs
 - 9sc water intake
 - High protein diet
 - 7. monoxep lgr in 2000
 - 7. Antibiotic 300mg in 2000
 - 7. Dypal 250
 - 7. Acetoc 500 in 2000
 - 7. Meonal 2000 in 2000

Dietary Advise & Preventive Care

High protein diet

9 water intake

Name & Sign Of Doctor is Dr. S. S. S.

