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PILLOW COVER

DEPARTMENT

PATIENT

SUTURE

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Ref. No.: FRR/Vinayak/1081/2020-21

Dated: 19.07.2021

## PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Baby Sahar .

**Sex:** Female **Age:** 6 years .

**Father Name:** Mr.Mohd. Riyajudeen.

**Address:** H.No.34 Gali Number 1,Bhangel Noida G.B. Nagar (U.P.).

**Diagnosis:** Approx 45% Thermal Burn.

**Date of Admission:** 19/07/2021

**Overall Analysis:** The patient - Baby Sahar was brought in to our hospital by her father - Mr.Mohd. Riyajudeen on 19th July 2021.The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot milk while she was at home. Her mother was warming milk when suddenly she contacted 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 is on right hand area, abdomen, chest, back area and legs. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 6 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 3 Weeks of treatment.

Funds - Hospital Stay	55,000.00
Funds - RMO, Nursing, Consultants & Specialists	45,000.00
Funds - Dressing & Procedures	58,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	72,000.00
Funds - Pathology & Diagnostics	12,000.00
<b>Total (in numbers)</b>	<b>2,46,000.00</b>

**Total (in words):**

**Two Lakh Forty Six 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		4,000.00
	Total (in numbers)	4,000.00
	Total (in words):	Four Thousand Only
<b>Fund Requirement - TOTAL</b>		
	Stage 1	2,46,000.00
	Stage 2	4,000.00
	Total (in numbers)	2,50,000.00
	Total (in words):	Two Lakh Fifty Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Baby Sahar .



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,

श्रीमान् अध्यक्ष

मिशन हील्स

सी-63 वेसमेंट साउथ स्ट्रिस पार्क-2

नई दिल्ली-49

विषय- आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय- अभिनव निवेदन यह है कि मेरा नाम मोहम्मद

रियाजुद्दीन है मेरा निवास स्थान-घर नम्बर-34

गली नम्बर-01 भंगोल नोरुजा है। मेरी स्त्री लड़की है

जिसका नाम शहर है जिसकी आयु 6 वर्ष है (19/07/

2021) की तुलना मेरी पत्नी द्वारा कर रही थी।

और वही मेरी लड़की खड़ी थी तभी दूध का बर्तन  
गिर गया और मेरी लड़की जल गई। जिसके इलाज  
के लिये मैं उसे नोरुजा के विनायक हस्पिटल

लेकर गया (19/07/2021) को वहाँ पर भर्ती कराया

जहाँ पर उसके इलाज के लिये ढाई लाख रुपये

का खर्च बताया गया जो कि मैं देने में असमर्थ

हूँ अतः आपसे निवेदन है कि सहायता प्रदान करें।

आपकी अति कृपा होगी।

आपका प्रार्थी

मोहम्मद रियाजुद्दीन

बेटी का नाम - शहर

उम्र - 6 वर्ष

पता - घर नम्बर - 34

गली नम्बर - 01

भंगोल नोरुजा

दिनांक  
(19/07/2021)



## EMERGENCY ASSESSMENT

12042

NAME BOBAY SARDAR AGE / SEX F / 6 DATE 10/7/21 UHID .....

### 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 - 130/mnt

B.P. -

Resp Rate - 28/mnt

Temp - 98.6 F

Ht / Wt - 29 kg

SpO2 - 92%

### Investigations

### Chief Complaints

12 noon

Brought by father

M/o. Boiling milk spilled on the body of the little girl. The boiling milk pot was on table - child was playing near by.

Date 10/7/21 Place - Bhawal

Local exm at home H No 34 Gali 1 - NOIDA

### Treatment

① Full thickness skin burn  
② RT axilla, ③ RT Axilla upto elbow  
④ LT Mid thigh ⑤ Entire back below upper scapular area to level of iliac crests; B/L.  
child is cooperative. G.C. good.  
Extent of BURN 60%.

- ① Symp T.T. 0.5ml IM
- ② Symp Dymopa 1ccp deep IM stat and 605
- ③ Symp Ibuprofen plus 7.5ml TDS
- ④ Symp 1st dose 7.5ml TDS
- ⑤ Symp macedin 10ml OD

511

Dietary Advice & Preventive Care

P50

Name & Sign of Doctor

DR. AK  
DMC  
VINAYAK HOSPITAL  
Reg No. 580  
BEHERA  
MBS

Adm & DR AK



# VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2101605/21-22  
 Room No. 511 Category 19/07/21  
 Date of Admission



Name BABY SAHAR  
 S/o, D/o MOHA RIYAJUDDIN  
 Occupation  
 Age 06 YRS Sex F  
 Religion  
 Father's / Husband's Name  
 Address H. NO-34 CHALI NO-1  
BHANGEL NOKA  
 Phone : Office ..... Res. ....  
 Advance Receipt No. .... Date .....

For Rs. ....  
 Name & Address of accompanying relative .....  
 Phone : Office ..... Res. ....  
 R.M.O. Dr. S.K BEHERA Informed at 12:05 PM  
 Admitting Dr. ASHOK VERMA Informed at 12:05 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 [Signature]

Unit / Consultant DR. ASHOK 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 .....

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

(6) W. R. L. 600ml Shiley drain

(7) Manual drain

△ ~~BUTTER~~  
BURNS  $\rightarrow$  60



DR. (COL) S. K. BEHERA  
CCMO MBBS  
DMC Reg No. 48048  
VINAYAK HOSPITAL, NOIDA

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