



Ref. No.: FRR/Vinayak/1082/2021-22

Dated: 20.07.2021

## PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Master Aditya.

**Sex:** Male **Age:** 6 Years .

**Father Name:** Mr.Manoj.

**Address:** A-366,Gali Number 8 Mandoli Ext. Delhi-93.

**Diagnosis:** Approx 30% Electric Burn.

**Date of Admission:** 20/07/2021

**Overall Analysis:** The patient - Master Aditya - was brought in to our hospital by his father - Mr.Manoj - on 20th July 2021. The child has sustained Electric Burn Injury due to accidentally coming in contact with 11000 Voltage wire while he was playing at home on roof so that he got electric burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 30% TBSA Electric Burn Injury. The Burns is on left hand and left leg 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 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(ICU and Ward)	55,500.00
Funds - RMO, Nursing, Consultants & Specialists	45,300.00
Funds - Dressing & Procedures	72,500.00
Funds - Rehabilitation (Physiotherapy)	3,000.00
Funds - Medicines + Consumables + Transfusions	55,700.00
Funds - Pathology & Diagnostics	15,000.00
<b>Total (in numbers)</b>	<b>247,000.00</b>

**Total (in words):**

**Two Lakh Forty Seven 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>3,000.00</b>
	<b>Total (in numbers)</b>	<b>3,000.00</b>
	<b>Total (in words):</b>	<b>Three Thousand Only</b>
<b>Fund Requirement - TOTAL</b>		
	<b>Stage 1</b>	<b>247,000.00</b>
	<b>Stage 2</b>	<b>3,000.00</b>
	<b>Total (in numbers)</b>	<b>250,000.00</b>
	<b>Total (in words):</b>	<b>Two Lakh Fifty Thousand Only</b>

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



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, श्री मान, अध्यक्ष

मिशन हील्थ

सी-63 लेसमेन्ट शाउथ खम्बन पार्क-2

नई दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय -

प्रबिनाय निवेदन यह है कि मेरा नाम मनोज कुमार है मेरा निवास स्थान - रू-366 गली नम्बर -8 मनडोली खम्बनट्रेन्सन दिल्ली-93 है। मेरा एक लड़का है जिसका नाम आदित्य कुमार है। उसकी उम्र - 6 वर्ष है। (24/6/2021) को बिजली की तार से करंट लग गया और बच्चा जल गया जिसके इलाज के लिये मैं उसे नोस्पल के चिनायक हास्पिटल लेकर गया और (20/7/2021) को भर्ती कराया जहाँ पर उसके इलाज के लिये दार्द लाख रुपये का खर्च बताया गया जो कि मैं खर्च उठाने में असमर्थ हूँ अतः आपसे निवेदन है कि सहायता प्रदान करें। आपकी आति कृपा होगी।

आपका प्रार्थी

मनोज कुमार

बेटे का नाम - आदित्य  
कुमार

उम्र - 6 वर्ष

21/7/21

पता - रू-366 गली

नम्बर - 8 मनडोली

खम्बनट्रेन्सन दिल्ली

- 93

दिनांक  
(20/07/2021)



# VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2101688/21-22  
 Room No. 509 Category .....  
 Date of Admission 20/07/21



Name MR. ADITYA KUMAR  
 S/o, D/o, W/o MR. MANOJ KUMAR

Unit / Consultant DR. ASHOK

Occupation .....  
 Age 06 YRS Sex M

Date of Discharge .....

Religion .....  
 Father's / Husband's Name .....

Provisional Diagnosis .....

Address A-366 QIALI NO. 8  
MANOLI EXTN. DELHI-93

Final Diagnosis .....

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

Infectious nature of disease : Yes/No

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

Outcome : LAMA / Stable / Improved / Cured / Died

For Rs. ....

Death Record filled by Dr. ....

Name & Address of accompanying relative .....

### FOR DELIVERY CASE ONLY

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

Date and Time of Delivery .....

R.M.O. Dr. S.K. BEHERA Informed at 11:53

New Born : Male / Female .....

Admitting Dr. ASHOK VERMA Informed at 11:53

Birth record filled by Dr. ....

AM Patient shifted from Room No. .... to .....

AM On .....

Shifted from Room No. .... to .....

On .....

Shifted from Room No. .... to .....

On .....

[Signature]  
 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

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

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



## EMERGENCY ASSESSMENT

12051

NAME ADITYA AGE / SEX 06/M DATE 20.7.21 UHID \_\_\_\_\_

**Personal History**

Alcohol / Smoking / Tobacco  
Chewing / other

**Allergy**

**Past History**

Diabetes / HT / IHD / TB  
OTHER

**Menstrual History**

**Current Medication**

**Chief Complaints**

1150 AM.  
06 year old child with electrocution and injury of left limb from ant. aspect. Wound extends to almost entire anterior-lateral thigh a little above LT knee. LT foot lateral aspect torn and amputation of LT arm below elbow is brought here at some

**Vaccination Status**

**Initial Assessment & Examination**

Pulse Rate - 120 / min with HTS  
B P -  
Resp Rate - 28 / min  
Temp - 98.6 °F  
Ht / Wt - 19 kg  
SPO2 97%  
Investigations

**Treatment**

Injury occurred in <sup>Case No.</sup> \_\_\_\_\_ at 5 PM at \_\_\_\_\_. Surgery done after 7 days.

Child was brought with old dressing. It was changed photo sent to Dr. A.K. Verma. Lt arm amputated below elbow - stump is healthy.

Child is co-op, urine - bowel normal. Sp. Pain Recurrence

Dressings sent par two different places.

- ① Lys. RA 500ml stat
- ② Lys. Par 40 IU. stat
- ③ Lys. Dynaper 2ml w stat

**Name & Sign Of Doctor**

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

RBS - 104 nit.

Spoken to DR. A.K. Verma

502

Dietary Advise & Preventive Care

- ④ Symp Because local OD
- ⑤ Meticulous cleaning done
- ⑥ fresh dressing applied
- ⑦ High protein diet

## EXTENSIVE ELECTRIC BURN INJURY

- ① Amputation left arm  
& Elbow joint,



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CCMO MCh  
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HEET



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