



Ref. No.: FRR/Vinayak/1089/2021-22

Dated: 06.09.2021

## PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Baby Mona .

**Sex:** Female **Age:** 3 years .

**Father Name:** Mr.Prakash.

**Address:** VIII. Rethari Noida Gautam Buddha Nagar (U.P.).

**Diagnosis:** Approx 35% Thermal Burn.

**Date of Admission:** 05/09/2021

**Overall Analysis:** The patient - Baby Mona - was brought in to our hospital by her father - Mr.Prakash - on 5th September 2021. The child has sustained Thermal Burn Injury due to accidentally coming in contact with gas cylinder fire, while she was at home. Her mother was making food, suddenly the gas cylinder caught fire and blasted. She came in contact with that fire and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 30% TBSA Thermal Burn Injury. The Burns is on hand areas 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 3 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	40,000.00
Funds - RMO, Nursing, Consultants & Specialists	42,000.00
Funds - Dressing & Procedures	58,000.00
Funds - Rehabilitation (Physiotherapy)	6,000.00
Funds - Medicines + Consumables + Transfusions	62,000.00
Funds - Pathology & Diagnostics	10,000.00
<b>Total (in numbers)</b>	<b>218,000.00</b>

Total (in words):

Two 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.

<b>Funds - Follow Up Visits &amp; Dressings</b>		7,000.00
	Total (in numbers)	7,000.00
	Total (in words):	Seven Thousand Only
<b>Fund Requirement - TOTAL</b>		
	Stage 1	218,000.00
	Stage 2	7,000.00
	Total (in numbers)	225,000.00
	Total (in words):	Two Lakh Twenty Five Thousand Only

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



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 अध्यात्म

मिशन हील

सी-63 बेसमेंट साउथ रजिस्ट्रार पार्क-2

नई दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र  
सहोदय

खविनय निवेदन यह है मेरा नाम प्रकाश है, मेरा निवास स्थान गाँव निहारी नोरडा में स्थित है मेरी स्त्रु बेटी है जिसका नाम मोना है जिसकी आयु तीन वर्ष की है, मेरी बेटी घर में खेल रही थी अचानक से गैस सिलेण्डर ब्लास्ट हो गया, जिससे आग लग गयी और वह जल गयी इसके इलाज के लिए मैं उसे नोरडा के विनायक हॉस्पिटल लेकर गया और दिनांक 05-09-2021 को वहाँ पर भर्ती कराया, वहाँ पर उसके इलाज के लिए दो लाख पच्चीस हजार रुपये का खर्च ब्याया गया जो कि मैं यह खर्च उठाने में असमर्थ हूँ अतः आपसे निवेदन है, मेरी बेटी के इलाज के लिए सहसता प्रदान करें।

दिनांक  
05-09-2021

बेटी का नाम - मोना

उम्र - 3 वर्ष

पता - गाँव निहारी

नोरडा (यूपी०)

आपकी अति शुभाशीर्वा

आपका प्रार्थी

प्रकाश

MLC. NO. -



# VINAYAK HOSPITAL™

NH-1, Sector-27, Atta, Noida-201301

V.H. No. 2102571/21-22

Room No. 514 Category

Date of Admission 05/09/2021

Name BABY. MONA

Unit / Consultant DR. ASHOK K. VERMA

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

Date of Discharge

Occupation

Provisional Diagnosis

Age 3 YRS Sex F

Final Diagnosis

Religion HINDU

Father's / Husband's Name

Infectious nature of disease: Yes/No

Address VILL - RETHARI, G.B.

Outcome: LAMA / Stable / Improved / Cured / Died

NAGAR, NOIDA, U.P.

Death Record filled by Dr.

Phone: Office Res.

Advance Receipt No. Date

For Rs.

### FOR DELIVERY CASE ONLY

Name & Address of accompanying relative

Date and Time of Delivery

(FATHER)

New Born: Male / Female

Phone: Office Res.

Birth record filled by Dr.

R.M.O. Dr. S.K. BENERA Informed at 01:02 PM

Patient shifted from Room No. to

Admitting Dr. ASHOK K. VERMA Informed at 01:02 PM

On

*[Signature]*  
Receptionist

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.

Signature of Patient / Relative

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

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

Authorised Signatory



# VINAYAK HOSPITAL



NAME Mona  
18544 (13392)

## EMERGENCY ASSESSMENT

NAME Mona AGE / SEX 2 / F DATE 05.9.21 UHID 6210PM

Personal History  
Alcohol / Smoking / Tobacco  
Chewing / other  
Allergy  
Past History  
Diabetes / HT / IHD / TB  
OTHER  
Menstrual History  
Current Medication

### Chief Complaints

At 10. Cooking gas on  
father without know -  
highlighted the gas - the  
room engulfed with flame  
she child was nearby  
and got burnt -

### Vaccination Status

### Initial Assessment & Examination

Pulse Rate - 120 / min  
BP - 110/70  
Resp Rate - 36 / min  
Temp - 98.4 °C  
Ht / Wt - 91 kg  
5'8" - 97 lb

### Treatment

Time: 10 AM  
Place: Mehra (Gaula bandh)  
Brought by father  
Good crying  
Bites  
RT Fore arm  
LT Fore arm  
LT Elbow  
25-30%  
Brought by father  
Good crying  
Bites  
RT Fore arm  
LT Fore arm  
LT Elbow  
25-30%

### Investigations

RBS - 146 mg/dl

- ① IV RL @ 275cc / 8 hrs
- ② Symp Augmentin 7.5ml TDS
- ③ Symp Ibuprofen plus 1ml TDS
- ④ Silverex & Acovir

Admit to DR. S.K. Behera

### Name & Sign Of Doctor

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

Dietary Advise & Preventive Care

