



Ref. No.: FRR/Vinayak/1090/2021-22

Dated: 29.09.2021

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Soni.

Sex: Female **Age:** 8 years .

Father Name: Mr.Yogesh Kumar.

Address: Village Naroli Post: Kisroli District: Kashganj (U.P.).

Diagnosis: Approx 25% Thermal Burn.

Date of Admission: 28/09/2021

Overall Analysis: The patient - Soni was brought in to our hospital by her father - Mr.Yogesh Kumar on 28th September 2021. The child has sustained Electrical Burn Injury due to accidentally coming in contact with 11000 high voltage while She was at home. The child was playing at home at roof and contacted with 11000 high tension wire which was above her home 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 are on 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 8 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. Pressure Garments would also be advised to achieve the best possible results against a possible pulmonary collapse and for a contracture and scar free recovery.

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)	55,000.00
Funds - RMO, Nursing, Consultants & Specialists	45,000.00
Funds - Dressing & Procedures	65,000.00
Funds - Rehabilitation (Physiotherapy)	5,000.00
Funds - Medicines + Consummables + Transfusions	57,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	2,42,000.00

Total (in words): Two Lakh Forty Two Thousand Only

Fund Requirement - Follow Up

Please find below the detailed fund requirement for Follow Up period of 1 Month Post Discharge.

Funds - Follow Up Visits & Dressings	8,000.00
Total (in numbers)	8,000.00
Total (in words):	Eight Thousand Only
Fund Requirement - TOTAL	
Stage 1	2,42,000.00
Stage 2	8,000.00
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 Soni .



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 अध्यापक

मिशन हील

सी-63 केसमेंट साउथ रक्स पार्क-2

नई दिल्ली-49

विषय = आर्थिक सहायता हेतु प्रार्थना-पत्र

सहोदर,

सविनय निवेदन यह है, मेरा नाम योगेश कुमार है, मेरा निवास स्थान गाँव निरोली क्वासगंज में स्थित है, मेरी एक बेटि है, जिसका नाम सोनी है, जिसकी आयु आठ वर्ष की है, मेरी बेटि सोनी घर की छत पर खेल रही थी अचानक से वह खेलते-खेलते छत के पास से ग़ुजर रही बिजली की ग़ारद हजार लाइन की चपेट में आ गयी बिजली के करंट लगने से वह झुलस गयी, जिसके इलाज के लिए मैं उसे नोरगा के विनायक हॉस्पिटल लेकर गया, और दिनांक 28-09-2021 को वहाँ पर शर्ति कराया, वहाँ पर उसके इलाज के लिए दो लाख पचास हजार रुपये का खर्च आया गया, जो मुझे यह खर्च उठाने में असमर्थ है, अतः आपसे निवेदन यह है, मेरी बेटि के इलाज के लिए सहायता प्रदान करें।

दिनांक
28-09-2021

बेटि का नाम - सोनी
उम्र - 8 वर्ष
पता - गाँव निरोली
क्वासगंज

आपकी आज्ञा कृपा होगी
आपका प्रार्थी
योगेश कुमार



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2103134 / 21-22
 Room No. 511 Category



Date of Admission 28/09/2021

Name MISS - BANU
 S/o, D/o, W/o M.R. YOGESH KUMAR
 Occupation

Age 08 YRS Sex F
 Religion HINDU
 Father's / Husband's Name

Address VILL - NAROLI, POST - PISROLI
DIST - KASGANJ
 Phone : Office Res.
 Advance Receipt No. Date

For Rs.
 Name & Address of accompanying relative

Phone : Office Res.
 R.M.O. Dr. ABIF SUHAIL Informed at

Admitting Dr. A. K. VERMA Informed at

[Signature]
 Receptionist

Unit / Consultant DR - ABHAK KUMAR 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.

[Signature]
 Signature of Patient / Relative

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

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

Authorised Signatory

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

Tel. No. : 0120-4504400, 2444222, 2444333 / Website : www.vinayakhospitalnoida.com



12873

EMERGENCY ASSESSMENT

NAME Miss Soni AGE / SEX 28 Y / F DATE 28.9.21 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 - 106 106

B P - 114/70 114/70

Resp Rate - 20 20

Temp - 98.2 98.2

Ht / Wt - 160 / 57

Investigations

RD 5110 RD 5110

CRP - 5.2 5.2

CRP MLAT MLAT

PIA - Soft Soft

SII

Dietary Advise & Preventive Care

Normal diet

Chief Complaints

3:00 PM

A. Systemic and joint problems to the connectivity with H/O Electric Burn on 16/08/21 at her own home. (vill - Nainital, Post Kiznaili, Kasganj U.P) C/O - Pans at Burn Site. C/F (L) Leg. Burn. (Lumbar leg) (R) Arm.

Treatment

≈ 12% full thickness burn over left arm and left leg. posterior aspect of left thigh. Spoken with Dr. A.K Verma. as advised by him.

Tub. ceftum 250mg - BD. 100mg Amikacin 250mg - BD. Syp. A to Z - 5ml - OD for further advised talk with Dr. A.K Verma.

Δ. ≈ 12% of high thickness Electric Burn.

Name & Sign of Doctor
[Signature]
DR. DEEPA S. R. BEHERA
CCMO MBBS
DMC Reg No. 48048
VINAYAK HOSPITAL, NOIDA

For Appointment Call 0120-4504400

NH-1, Sector-27, Atta, Noida-201301 / Helpline : 0120-4504444, 2444222, 2444333 / Website : www.vinayakhospitalnoida.com



TOWEL

www.missionheal.org