



Ref. No.: FRR/Vinayak/1081/2021-22

Dated: 06.09.2021

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Sugandha .

Sex: Female **Age:** 5 years .

Father Name: Mr.Prakash.

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

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 05/09/2021

Overall Analysis: The patient - Baby Sugandha - 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 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 5 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	30,000.00
Funds - RMO, Nursing, Consultants & Specialists	32,000.00
Funds - Dressing & Procedures	42,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	52,000.00
Funds - Pathology & Diagnostics	5,000.00
Total (in numbers)	165,000.00

Total (in words):

One Lakh Sixty Five 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		10,000.00
	Total (in numbers)	10,000.00
	Total (in words):	Ten Thousand Only
Fund Requirement - TOTAL		
	Stage 1	165,000.00
	Stage 2	10,000.00
	Total (in numbers)	175,000.00
	Total (in words):	One Lakh Seventy Five Thousand

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



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 अध्यक्ष

मिशन हीस

सी-63 बेसमेंट साउथ रक्स पार्क-2

नई दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र

सहोदय,

सविनय निवेदन यह है मेरा नाम प्रकाश है, मेरा निवास स्थान गाँव निहारी नोरगा में स्थित है, मेरी स्त्रु बेटी है, जिसका नाम सुगन्धा है, जिसकी आयु पाँच वर्ष की है, मेरी बेटी घर में खेल रही थी, तबचानठ से गैस सिलेण्डर ब्लास्ट हो गया जिससे आग लग गयी, और मर बस गयी, इसके इलाज के लिए नोरगा के विनायक हॉस्पिटल लेकर गया और दिनांक 05-09-2021 को वहाँ पर भर्ती कराया वहाँ पर इसके इलाज के लिए स्त्रु लाख पचहत्तर हजार रुपये का खर्च बताया गया, जो ऋण में भद खर्च उठाने में असमर्थ हूँ, आतः आपसे निवेदन है, मेरी बेटी के इलाज के लिए सहायता प्रदान

दिनांक 05-09-2021

बेटी का नाम - सुगन्धा

उम्र - 5 वर्ष

पता - गाँव - निहारी

नोरगा (पूर्वी)

आपकी आज्ञा श्रुपा होगी

आपका प्रार्थी

प्रकाश

MLC. NO. -



VINAYAK HOSPITAL™

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

V.H. No. 2102570/21-22

Room No. 511 Category

Date of Admission 05/09/2021

Name BABY. SUGANDHA

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

Occupation

Age 5 YRS Sex F

Religion HINDU

Father's / Husband's Name

Address VILL- RETHARI, G.B. NAGAR, NOIDA, U.P.

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

(FATHER)

Phone : Office Res.

R.M.O. Dr. S.K. BEMERA Informed at 12:59 PM

Admitting Dr. ASHOK K VERMA Informed at 12:59 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

Unit / Consultant DR. ASHOK K 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.

Authorised Signatory

MFC 9112543

EMERGENCY ASSESSMENT

NAME Ms Sugandha AGE / SEX F/6 DATE 05.9.21 UHID _____

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

Chief Complaints

Cooking Gas was on - 12:10 PM
 Father did not know. He lighted
 the gas. Suddenly whole room
 was engulfed with flames
 the child was near by
 A.K. Itchara (Ganta Bandh)
 Nagal at 10 AM Today

Initial Assessment & Examination

Pulse Rate - 118 *fast*
 BP - *110/70*
 Resp Rate - 30 *fast*
 Temp - 98.6 *fast*
 Ht / Wt - *Wt 12kg*

Treatment

On exam child is crying
 G.C. good
 Wt. drip RL on -
 local exas M.B. father
 Address Bhagalpur.
 Vic - Nau Gachhwa
 Dist - Bhagalpur
 PO - Itchara
 Bihar

Investigations

RA 5 mg
 -1420

Local

RT forearm 5+
 RT palm; LT forearm
 RT L.L. 4+ elbow
 L.L. Lungs & Joints

Dept. Exam NAD

Dietary Advise & Preventive Care

Diets
 A.A. *lax*

- ① IV F 350ml B/L
- ② Syrup Sibugamizol
- ③ Syrup Fluorocort
- ④ Silverex cream

Name & Sign Of Doctor

DR. (COL) S, K, BEHERA
 CCMO M3BS
 DMC Reg No. 48048
 VINAYAK HOSPITAL, NOIDA



TOWEL

TUMPO SET



STERILIZING
STERILE

SIZE

