





Ref. No.: FRR/Vinayak/10898/2020-21

Dated: 22.11.2021

## PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Baby Vani

**Sex:** Female **Age:** 1.6 years

**Father Name:** Mr. Ravi Sharma

**Address:** Flat No.812/5 Tower Number 8 Sector 30 Noida Gautam Budth Nagar (U.P.).

**Diagnosis:** Approx 40% Thermal Burn.

**Date of Admission:** 22/11/2021

**Overall Analysis:** The patient - Baby Vani was brought in to our hospital by her father - Mr. Ravi Sharma, on 22nd November 2021. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot water while she was at home. Her mother was warming water when she came in contact with that hot water and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 40% TBSA Thermal Burn Injury. The Burns is on both hands and both legs. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 1.6 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	60,000.00
Funds - RMO, Nursing, Consultants & Specialists	50,000.00
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>2,56,000.00</b>

**Total (in words):**

**Two Lakh Fifty 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	2,56,000.00
Stage 2	4,000.00
Total (in numbers)	2,60,000.00
Total (in words):	Two Lakh Sixty Thousand Only

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



For Vinayak Hospital  
(A Division of Vinayak Hospital)  
5th Floor, Vinayak Hospital, Sector 27, Atta Market,  
NH - 1, Noida - 201301 (UP)

AQ/AD

पता में

श्रीमान अध्यक्ष  
मिशन हिल  
प्लॉ 63 वैस्पमेंट साउथ इवस पार्क-2  
नई दिल्ली - 49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र  
महादेव

प्रतिनय निवेदन यह है कि मेरा नाम शर्त शर्मा है। मेरा  
निवास फ्लैट नंबर - 812-5, तावर नंबर - 08 अक्टूबर 30  
नॉर्थडा में स्थित है। मेरी इक बेटी है। जिसका नाम  
तानी शर्मा है। जिसकी आयु एक साल एक महीने है।  
मेरी बेटी घर में खेल रही थी। तभी अचानक मेरी बेटी  
गर्म पानी के स्पर्श में आ गयी और लाल गयी जिसके  
कारण मैं इलाज के लिए उसे नॉर्थडा के विनायक  
हॉस्पिटल लेकर गया और वहां 22-11-2021 को वहां  
पर मर्ती कराया वहा उसके इलाज के लिए दो लाख  
आठ हजार रुपये का खर्च बताया गया है। जो कि  
मैं यह खर्च उठाने में असमर्थ अतः आपसे निवेदन  
है कि मेरी बेटी की सहायता करें।

बेटी का नाम - तानी

आपकी आति कृपा होगी

उम्र - एक साल एक  
महीने

आपका शर्मा

पता - फ्लैट नंबर - 812-5,  
तावर नंबर - 08,  
अक्टूबर 30 नॉर्थडा

शर्त शर्मा  
24 शर्मा

दिनांक  
22-11-2021

MCCMW. 8429

UHID - P2110398



# VINAYAK HOSPITAL<sup>TM</sup>

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

V.H. No. 2104355/21-22  
 Room No. 510 Category .....  
 Date of Admission 22.11.21

Name BABY VANI  
 S/o, D/o, W/o MR. RAVI SHARMA  
 Occupation .....  
 Age 1.6 XRS Sex F  
 Religion HINDU  
 Father's / Husband's Name .....  
 Address FLAT NO - 812 - 5  
TOWER NO-08, SEC-30, NOIDA  
 Phone : Office ..... Res. ....  
 Advance Receipt No. .... Date .....  
 For Rs. ....  
 Name & Address of accompanying relative UNCLE  
MR. GAURAV  
 Phone : Office ..... Res. ....  
 R.M.O. Dr. S.K. BENERA Informed at 11:05 AM  
 Admitting Dr. AMIT KUMAR Informed at 11:05 AM  
 Tinkal  
 Receptionist

Unit / Consultant DR. AMIT KUMAR  
 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 of Patient / Relative

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

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

Authorised Signatory



## EMERGENCY ASSESSMENT

MLC - 13581  
3429

NAME BABY VANU AGE / SEX 1.6 / F DATE 22.11.21 UHID .....

Chief Complaints TBOA

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

4 days old scald burn at home due to hot water spill. A boiling pot was on the gas. She 1 1/2 year old girl pulled the pot inadvertently and water fell on her body.

Vaccination Status

Initial Assessment & Examination

Pulse Rate - 140/min  
B P - 110/70  
Resp Rate - 24/min  
Temp - 100.2 F  
Ht / Wt - 6 kg  
SpO2 - 92%

Treatment

Time 11:40 AM,  
Date 19.11.21  
Village house - 812 Tower 8  
Hospital residence  
bed 30 NOIDA NP  
B.B - Gaurabh M/25  
Uncle of child

Investigations

ABG mgd  
126

Seen by surgeon and advised admission

Follow the orders of Surgeon

SIO

Dietary Advise & Preventive Care

Dr. Armit

*[Signature]*

Name & Sign of Doctor: HERA  
CCMO MBBS  
DMC Reg No. 48048  
VINAYAK HOSPITAL, NOIDA

