



Ref. No.: FRR/Vinayak/1097/2021-22

Dated: 18.11.2021

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Shaksham.

Sex: Male **Age:** 10 Months .

Father Name: Mr. Ankit

Address: House Number U-1/55 Budh Vihar Phase -1 ,Block-1 North Delhi.

Diagnosis: Approx 15% Thermal Burn.

Date of Admission: 18/11/2021

Overall Analysis: The patient - Master Shaksham was brought in to our hospital by his father - Mr. Ankit on 18th November 2021. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot water, while he was playing where his mother was boiling water when, suddenly he came in contact with the hot water and he got burnt. As a result of this incident, the child has sustained mostly 2nd & 3rd Degree Deep 15% TBSA Thermal Burn Injury. The Burns is on face area, neck area and the left hand area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 10 Months , 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)	43,500.00
Funds - RMO, Nursing, Consultants & Specialists	44,500.00
Funds - Dressing & Procedures	62,000.00
Funds - Rehabilitation (Physiotherapy)	3,000.00
Funds - Medicines + Consumables + Transfusions	57,000.00
Funds - Pathology & Diagnostics	5,000.00
Total (in numbers)	2,15,000.00

Total (in words):

Two Lakh Fifteen 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	2,15,000.00
	Stage 2	10,000.00
	Total (in numbers)	2,25,000.00
	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 Master Shaksham.



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

AO/AD

भैया जी

श्रीमान अक्षय

श्रीमान हील

प्लॉट 63 वेंसगैन्ट स्पाउथ इन्वस पार्क - 2

नई दिल्ली 19

विषय - आर्थिक अक्षमता हेतु प्रार्थना पत्र

गर्भव्य

प्रतिनय निवेदन यह है कि मेरा नाम अंकित है। मेरा निवास
H.NO. U-1/55 बुद्ध विहार PH-1 ब्लॉक 0-1 नॉर्थ दिल्ली
में स्थित है। मेरा एक बेटा अक्षय नाम प्रकृत है।
अक्षयकी आयु दस महीना है। मेरा बेटा घर में पतल रहा
था तभी अचानक मेरा बेटा गर्म पीनी के समर्पक में आ
गया अक्षयके कारण इलाय के लिए मैं उसे नौरुडा के
विनायक हॉस्पिटल लेकर गया और वहाँ पर दिनांक
18-11-2021 को वहाँ पर भर्ती कराया वहाँ पर उसके
इलाय के लिए दो लाख पच्चीस हजार रुपये का
खर्च लगाया गया है। जो कि मैं यह खर्च उठाने
में असमर्थ हूँ अतः आपसे निवेदन है कि मेरे
बेटे के इलाय के लिए अक्षमता करें।

बेटे का नाम - अक्षय

उम्र - दस महीना

पता - H.NO-U-1/55

बुद्ध विहार PH-1 ब्लॉक

0-1 नॉर्थ वेंसगैन्ट दिल्ली

आपकी आति कृपा होगी

आपका प्रार्थी

अंकित
अक्षय

दिनांक
18-11-2021

MLC NO! - 28249 (outside) UHID - P2110242



VINAYAK HOSPITAL™

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

V.H. No. 2104289/21-22
Room No. 509 Category
Date of Admission 18/11/21

Name MASTER, SHAKSHAN

Unit / Consultant DR. AMIT KUMAR

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

Date of Discharge

Occupation

Age 10 MONTH Sex M

Provisional Diagnosis

Religion HINDU

Final Diagnosis

Father's / Husband's Name

Address H.NO-0-1/55 BUDH

Infectious nature of disease : Yes/No

VIHAR PH-1 BLOCK 0-1 NORTH WEST DELHI

Outcome : LAMA / Stable / Improved / Cured / Died

Phone : Office Res.

Death Record filled by Dr.

Advance Receipt No. Date

For Rs.

FOR DELIVERY CASE ONLY

Name & Address of accompanying relative

Date and Time of Delivery

Phone : Office Res.

New Born : Male / Female

R.M.O. Dr. ASIF SUHAIL Informed at 11:02 AM

Birth record filled by Dr.

Admitting Dr. AMIT KUMAR Informed at 1:02 PM

Patient shifted from Room No. to

Receptionist

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



13543

EMERGENCY ASSESSMENT

NAME SINDKSHAN AGE/SEX 10M / M. DATE 18/11/21 UHID

Personal History
Alcohol / Smoking / Tobacco
Chewing / other

Chief Complaints

Allergy
Past History
Diabetes / HT / IHD / TB
OTHER
Menstrual History
Current Medication

A 10 months old male baby brought to the casualty with A/H/O. Burn due to Hot liquid. on 16/11/21 at his own home. Budh vihar, phase - 2 Delhi. at 10:30 pm.

Vaccination Status

Treatment

Initial Assessment & Examination
Pulse Rate - 120 / min
BP -
Resp Rate - 36 / min
Temp 97.6 F
Ht / Wt - 7 kg.
SpO2 - 96%
Investigations

O/E. Superficial to deep burn.
CIF. Burn on face, neck, BLK hand. chest.
TBSA \approx 15%.

Patient admitted to Dr. Anurag (Surgeon)

As advised by W/M,

- HPO
- inj RL 240ml iv over 8hrs
↓ b/b
- RL 240ml iv over 16hrs.
↓ b/b.

- inj DMS (inj urethane) 32ml/hrs
- inj Analgesic 250mg iv TDS
- inj Antibiotic 120mg iv OD.

Name & Sign Of Doctor *Anurag Dhillon*

Dietary Advise & Preventive Care

Adv
CBC/CRP
LFT/RFT/SE
ECG.

