



Ref. No.: FRR/Vinayak/1005/2021-22

Dated: 27.12.2021

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Khushi .

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

Father Name: Mr.Shakur.

Address: Behlolpur Chhijarsi Sector 63 Noida(U.P.).

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 27/12/2021

Overall Analysis: The patient - Baby Khushi - was brought in to our hospital on 27th December 2021. The child has sustained Thermal Burn Injury due to accidentally coming in contact with fire flame. Her mother was making food suddenly she contacted with fire and was 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 face area, neck 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	55,000.00
Funds - RMO, Nursing, Consultants & Specialists	45,000.00
Funds - Dressing & Procedures	52,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	52,000.00
Funds - Pathology & Diagnostics	12,000.00
Total (in numbers)	220,000.00

Total (in words):

Two Lakh Twenty 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		3,000.00
	Total (in numbers)	3,000.00
	Total (in words):	Three Thousand Only
Fund Requirement - TOTAL		
	Stage 1	220,000.00
	Stage 2	3,000.00
	Total (in numbers)	223,000.00
	Total (in words):	Two Lakh Twenty Three Thousand Only

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



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

AO/AD

भैता में;

श्रीमान अध्यक्ष

मिशन हिल

पी 63 लेसमीन्ट साउथ खबस पार्ट-2

आई दिल्ली - 49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र
महोदय.

स्पतिनय निवेदन यह है। कि मेरा नाम शकुर है। मेरा
निवास बेहलोलपुर फाइट प्रेजेंट खिसारत सैक्टर 63
नौरा खुपी में स्थित है। मेरी एक बेटी है। जिसका
नाम शुरुशी है। जिसकी आयु तीन वर्ष है। मेरी बेटी
घर में खेल रही थी। तभी अचानक मेरी बेटी आग
के संपर्क में आ गई और पल गई। जिसके कारण
मैं उसे नौरा के तिनयक हॉस्पिटल लेकर गया और
वहां दिनांक 27-12-2021 को वहां पर शर्ति कराया वहां
पर उसके इलाज के लिए वी लास्ट तेईस सप्पार रूपये
को शर्च लताया गया है। जो की मैं यह शर्च उठाने
में असमर्थ हू अतः आपसे निवेदन है। की मेरी बेटी
की सहायता प्रदान करें।

बेटी का नाम - शुरुशी


उम्र - तीन वर्ष

पता - बेहलोलपुर फाइट

प्रेजेंट खिसारत सैक्टर 63

नौरा खुपी

दिनांक
27-12-2021


आपकी अति कृपा होगी -
आपका प्रार्थी
शकुर



VINAYAK HOSPITAL™

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

V.H. No. 2105116/21-22
 Room No. 504 Category
 Date of Admission 27/12/2021

Name BABY KHUSHI
 S/o, D/o, W/o MR. SHAKUR
 Occupation
 Age 3 Sex F
 Religion
 Father's / Husband's Name
 Address BEHLOLPUR, FIVE PERCENT
CHHINARSI SEC-63 NOIDA U.P.
 Phone : Office Res.
 Advance Receipt No. Date
 For Rs.
 Name & Address of accompanying relative BROTHER
MOND. AZAD
 Phone : Office Res.
 R.M.O. Dr. ASIF Informed at 9:38 PM
 Admitting Dr. A.K. VERMA Informed at 9:38 PM
 Receptionist

Unit / Consultant DR. A.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

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.

27/12/2021

Signature of Patient / Relative

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

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

Authorised Signatory



13902

EMERGENCY ASSESSMENT

NAME Baby Khushi AGE / SEX 03y/F DATE 27/12/21 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 - 188 bpm

BP -

Resp Rate - 30 bpm

Temp - 50.6 °F

Ht / Wt - 11 kg

SPO2 - 96% on RA

Investigations

RBS - 143 mg/dL

HECNS - S1 S2

ECIS - curious on enteral!

S. R/L AEF

A. Soft R/L

Dietary Advise & Preventive Care

VPO
Will further
order.

Chief Complaints

@ 9:38 pm.

A. 3 years old female baby patient brought to the casualty by her mother & relatives @ A/H/O flame burn while her mother was cooking food at near Bahadurpur sector 63, Noida v.p. at approx

Treatment @ 8:30 am.



CIF. Burn on whole face including R/Ear.
- Neck, Trunk, umbilical region.
C/O. - Pain & Burning sensation on Burn site.
A. superficial to deep flame burn TBSA \approx 27%.

Ach Patient Admitted & ~~reassessed~~ decessally, Dr. A.K Verma (Surgeon) Dressing was Done & Silveena, Nitrate & Cox Jelling

Wij EFFOMLIN 25 mg - i/v / BD.
Wij TOZAR 1100 mg - i/BD
Wij RENTAC 10 mg - OD.
Wij PCM 165 mg - TDS.

Name & Sign Of Doctor

IV FLUID - RL @ 40ml/hr for 1st 8 hrs then Next 16 hours 30ml/hr. PTO.

