



Ref. No.: FRR/Vinayak/1007/2021-22

Dated: 17.01.2022

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Vanya .

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

Father Name: Mr.Karan Sharma.

Address: 23 D Pocket -2 MiG Mix Housing Mayur Vihar Phase -3 East Delhi.

Diagnosis: Approx 25% Thermal Burn.

Date of Admission: 17/01/2022

Overall Analysis: The patient - Baby Vanya was brought in to our hospital by her father - Mr.Karan Sharma on 17th January 2022. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot water while she was at home and she got burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 25% TBSA Thermal Burn Injury. The Burns is on legs area and back 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 2 Weeks of treatment.

| | |
|---|-------------------|
| Funds - Hospital Stay | 55,000.00 |
| Funds - RMO, Nursing, Consultants & Specialists | 50,000.00 |
| Funds - Dressing & Procedures | 52,000.00 |
| Funds - Rehabilitation (Physiotherapy) | 2,000.00 |
| Funds - Medicines + Consumables + Transfusions | 52,000.00 |
| Funds - Pathology & Diagnostics | 8,000.00 |
| Total (in numbers) | 219,000.00 |

Total (in words):

Two Lakh Nineteen 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 | | 6,000.00 |
| | Total (in numbers) | 6,000.00 |
| | Total (in words): | Six Thousand Only |
| Fund Requirement - TOTAL | | |
| | Stage 1 | 219,000.00 |
| | Stage 2 | 6,000.00 |
| | Total (in numbers) | 225,000.00 |
| | 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 Baby Vanya .



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

AO/AD

श्रीवा जी,

श्रीमान अक्षय

मिशन हिल

पी 63 लेसगैन्ट भाउदा एक्स पार्ट - 2

नई दिल्ली - 49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

सहाय - श्रीमान जिवेदन राह हैं की गौरा नाम करन शर्मा हैं। मेरा
निवास 431 पोस्ट - 2 MIDC, MIDC हाउसिंग मयूर विहार
फेज - 3 पूर्वी दिल्ली में स्थित है। मेरी एक बेटी है।
बिस्का नाम वन्या शर्मा है। बिस्का की आयु तीन वर्ष
है। मेरी बेटी घर में फेल कही थी। अभी अचानक
मेरी बेटी गर्म पानी के बमपक में आ गई और बल
गई। बिस्का के कारण मैं उसे गौरेडा के विनायक
हॉस्पिटल लेकर गया और वहां दिनांक 17-01-2022
को वहां पर भर्ती कराया वहां पर उसके डॉक्टर
के लिए दो लाख पच्चीस हजार रुपये का खर्च
लगाया गया है। जो कि मैं राह खर्च उठाने में
असमर्थ हूँ अतः आपसे निवेदन है। की मेरी बेटी
की सहायता प्रदान करें!

बेटी का नाम - वन्या शर्मा

उम्र - तीन वर्ष

पता - 231 पोस्ट - 2 MIDC,

MIDC हाउसिंग मयूर विहार फेज - 3

पूर्वी दिल्ली

श्रीवा

आपकी अति कृपा होगी

आपका प्रार्थी

करन

दिनांक

17-01-2022



14066

EMERGENCY ASSESSMENT

NAME MR BABY VANVA AGE / SEX 3y / Female DATE 12/1/22 UHID B/112306

Chief Complaints

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 - 160

B P -

Resp Rate - 26

Temp - 98.6

Ht / Wt - 9 kg.

42.97%

Investigations

RBS 90mg/dl

Treatment

O/E - Conscious / oriented
G.C. sick
Afebrile

Chest - B/L O E ⊕

CVS - S1 S2 ⊕

R/A - SOB ⊕ BS ⊕

CNS - N AD

Rx.

→ inj mono of 400mg - BD

→ inj Amikacin 600mg - BD

→ syp Ibuprofen 5ml - TDS

→ syp Levofloxacin 2ml - BIDS

Dietary Advise & Preventive Care

SOB MR

Name & Sign Of Doctor [Signature]



VINAYAK HOSPITAL™

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

V.H. No. 2105557/21-22
Room No. 201 Category
Date of Admission 17/01/22

Name BABY VANYA SHARMA
S/o, D/o, W/o MR. KARAN SHARMA
Occupation
Age 03 YRS Sex F
Religion HINDU
Father's / Husband's Name
Address 23D POCKET-2 MIGI MIX HOUSING MAYAPURI PH-II SGT DELHI-110071
Phone : Office Res.
Advance Receipt No. Date
For Rs.

Name & Address of accompanying relative
RELATIVE (MANOJ SHARMA)
Phone : Office Res.
R.M.O. Dr. LIVES Informed at 11:52 AM
Admitting Dr. ASHOK VERMA Informed at 11:52 AM
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 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

