



Ref. No.: FRR/Vinayak/1006/2021-22

Dated: 09.01.2022

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Ayush Chauhan.

Sex: Male **Age:** 1 year 6 Months .

Father Name: Mr.Manoj Kumar.

Address: Sector 135 Noida G.B. Nagar (U.P.).

Diagnosis: Approx 31% Thermal Burn.

Date of Admission: 09/01/2022

Overall Analysis: The patient - Master Ayush Chauhan was brought in to our hospital by his father - Mr. Manoj Kumar on 9th January 2022. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot milk while he was playing at home while his mother warming milk. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 31% TBSA Thermal Burn Injury. The Burns is on hand, chest area, face area and 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 1 Year 6 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 2 Weeks of treatment.

Funds - Hospital Stay(ICU and Ward)	35,500.00
Funds - RMO, Nursing, Consultants & Specialists	36,500.00
Funds - Dressing & Procedures	48,000.00
Funds - Rehabilitation (Physiotherapy)	3,000.00
Funds - Medicines + Consumables + Transfusions	47,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	1,85,000.00
Total (in words):	One Lakh Eighty 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	5,000.00
Total (in numbers)	5,000.00
Total (in words):	Five Thousand Only
Fund Requirement - TOTAL	
Stage 1	1,85,000.00
Stage 2	5,000.00
Total (in numbers)	1,90,000.00
Total (in words):	One Lakh Ninty Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Master Ayush Chauhan.



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

AQ/AD

बेटा मे:

श्री मान अहराल

गिरान हिल

ब्लॉक 63 वीसमिन्ट स्पाउटा एक्स पार्टी - 2

मई - दिल्ली - 49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय -

भविनय निवेदन यह है कि मेरा नाम मनोज कुमार है। मेरा निवास सैक्टर - 135 नौरडा, UP में स्थित है। मेरा एक बेटा है। जिसका नाम आसुष चौहान है। जिसकी आयु एक साल छह महीने है। मेरा बेटा घर में रहता रहा था तभी अचानक मेरा बेटा गर्म दूध के बरफ में आ गया और पल गया जिसके कारण मैं उसे नौरडा के विनायक हॉस्पिटल लेकर गया और वहां दिनांक 09-01-2022 को वहां पर शर्ती कराया वहां पर उसके इलाज के लिए एक लाख नव्वे हजार रुपये का खर्चा बताया गया है। जो कि मैं यह खर्च उठाने में असमर्थ हूँ अतः आपसे निवेदन है कि मेरे बेटे की सहायता प्रदान करें।

दिनांक
08-01-2022

बेटे का नाम - आसुष

उम्र - एक साल छह महीने

पता - सैक्टर - 135,

नौरडा, U.P.

आपकी उक्ति सच होगी

आपकी प्रार्थना

मनोज

पूजा रानी

14012 EMERGENCY ASSESSMENT

NAME Master Ayush Chauhan AGE / SEX 1:6Y / M DATE 09/01/22 UHID P2112057
 @ 10:49am

Personal History

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

Chief Complaints

A. 1:6Y own old male baby patient brought to the casualty by his parents & A/N/O of scaled Burn due to hot milk. on 07/1/22 at 9:30 pm approx at his home (H.N 87 Nangla wajidpur sector 135, Noida)

Initial Assessment & Examination

Pulse Rate - 180bpm
 B P - -
 Resp Rate - 26bpm
 Temp - 99.8°C
 Ht / Wt - 8kg
 SpO2 - 97% on RA

Treatment



- C/F. Burn on face - (L) (R) Ear, Neck (R) Hand.
- C/O. Pain & Buring sensation on Burn site.

Δ. 'scaled Burn (superficial to deep)
 TBSA ≈ 31%

Investigations

SRPbs : 128 my/dl

Procedure - Dressing with 107 Jelly 2% & Placenter 2%

IVFLUID RL- 175 ml in 12A & 16hr then 175 ml in Next 16hr.
 w/ MONICEF - 400mg - IV - 12hourly.
 w/ Metrogyl (80mg) IV - 8hourly.
 w/ Amikacin (60mg) IV - 12hourly.
 w/ PCM (20mg) IV - 6hourly.

Dietary Advise & Preventive Care

NPO till further orders except Breast feeding

Name & Sign Of Doctor

Dr. PINTU KUMAR
 MBBS
 Reg. No. DMCR/21286
 VINAYAK HOSPITAL NOIDA

MLC no - 3454

VAID No - p2112057



VINAYAK HOSPITAL™

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

V.H. No. 2105399-121-22
Room No. 511 Category
Date of Admission 09/01/2022

Name MASTER AYUSH CHAUHAN

Unit / Consultant DR. AMIT KUMAR

S/o, D/o, W/o MR MANOJ KUMAR

Occupation

Date of Discharge

Age 1.6 MONTH Sex M

Provisional Diagnosis

Religion HINDU

Final Diagnosis

Father's / Husband's Name

Address SEC-135, NOIDA
L.P.

Infectious nature of disease : Yes/No

Phone : Office Res

Outcome : LAMA / Stable / Improved / Cured / Died

Advance Receipt No. Date

Death Record filled by Dr.

For Rs.

FOR DELIVERY CASE ONLY

Name & Address of accompanying relative

Date and Time of Delivery

(FATHER)

New Born : Male / Female

Phone : Office Res

Birth record filled by Dr.

R.M.O. Dr. ASIF SUHAIL Informed at 10:45 AM

Patient shifted from Room No. to

Admitting Dr. AMIT KUMAR Informed at 10:55 AM

On

Linkel
Receptionist

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

