





Ref. No.: FRR/Vinayak/10024/2022-23

Dated: 13.09.2022

### PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Master Arjun.

**Sex:** Male **Age:** 1.5 Years

**Father Name:** Mr. Rajneesh Kumar.

**Address:** Dundahaera Ghaziabad (U.P.).

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

**Date of Admission:** 13/09/2022

**Overall Analysis:** The patient - Master Arjun was brought in to our hospital by his father - Mr. Rajneesh Kumar on 13th September, 2022. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot daal while he was playing at home. His mother was making daal and he was playing near to her suddenly he contacted with hot daal and he got thermal burn. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 40% TBSA Thermal Burn Injury. The Burns is on legs area, hips area, genital area, 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 1.5 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(ICU and Ward)	55,500.00
Funds - RMO, Nursing, Consultants & Specialists	50,500.00
Funds - Dressing & Procedures	43,000.00
Funds - Rehabilitation (Physiotherapy)	3,000.00
Funds - Medicines + Consumables + Transfusions	47,000.00
Funds - Pathology & Diagnostics	15,000.00
<b>Total (In numbers)</b>	<b>214,000.00</b>

**Total (In words):**

**Two Lakh Fourteen 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	214,000.00
Stage 2	6,000.00
Total (in numbers)	220,000.00
Total (in words):	Two Lakh Twenty Thousand Only

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



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

AO/AD



मैरा में

श्रीमान अध्यक्ष  
मिशन हील  
पी 63 लेसमेंट आउथ रजवस पार्ट - 2  
नई दिल्ली - 49

विषय - आर्थिक अक्षयता हेतु प्रार्थना पत्र

महोदय -

आविनय निवेदन यह है की मैरा नाम रजनीश कुमार है मैरा निवास दुंधेहरा गाविस्यालाद में स्थित है मैरा एक बेटा है जिसका नाम अर्जुन है जिसकी आयु एक वर्ष छह महीने है। मैरा बेटा घर में खेल रहा था तभी अचानक मैरा बेटा गर्म दाल के समपर्क में आ गया और बल गया जिसके कारण मैं इसे नौरुडा के विनायक अस्पताल लेकर गया और वहां दिनांक 13-09-2022 को वहां पर भर्ती कराया वहां पर उसके इलाज के लिए दो लारव लीस हव्यार खपये खर्चा बताया गया है जो की मैं यह खर्च उठाने में असमर्थ हूँ अतः आपसे निवेदन है की मैरा बेटे की अक्षयता प्रदान करें!

दिनांक  
13-09-2022

बेटे का नाम - अर्जुन

उम्र - एक वर्ष छह महीने

पता - दुंधेहरा गाविस्यालाद

आपकी अतिरिक्त

आपका प्रार्थी

रजनीश

पुजा

UHID - P 2206762



# VINAYAK HOSPITAL™

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

V.H. No. 2202840 / 22-23

Room No. 206 Category .....

Date of Admission 13/09/2022

Name <u>MASTER ARJUN</u>	Unit / Consultant <u>DR. A. K. VERMA</u>
S/o, D/o, W/o <u>MR. RAJNEESH KUMAR</u>	Date of Discharge .....
Occupation .....	Provisional Diagnosis .....
Age <u>1 AND HALF</u> Sex <u>M</u>	Final Diagnosis .....
Religion <u>HINDU</u>	Infectious nature of disease : Yes/No
Father's / Husband's Name .....	Outcome : LAMA / Stable / Improved / Cured / Died
Address <u>DUNDHAKERA GZB.</u>	Death Record filled by Dr. ....
Phone : Office ..... Res. ....	<b>FOR DELIVERY CASE ONLY</b>
Advance Receipt No. .... Date .....	Date and Time of Delivery .....
For Rs. ....	New Born : Male / Female .....
Name & Address of accompanying relative <u>FATHER</u>	Birth record filled by Dr. ....
<u>MOTHER - (POOJA)</u>	Patient shifted from Room No. .... to .....
Phone : Office ..... Res. ....	On .....
R.M.O. Dr. <u>S. K. BEHERA</u> Informed at <u>12:04 PM</u>	Shifted from Room No. .... to .....
Admitting Dr. <u>A. K. VERMA</u> Informed at <u>12:04 PM</u>	On .....
<u>[Signature]</u> Receptionist	Shifted from Room No. .... to .....
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.	On .....
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.	Shifted from Room No. .... to .....
<u>[Signature]</u>	On .....
Signature of Patient / Relative	

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

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

Authorised Signatory





16727

EMERGENCY ASSESSMENT

NAME ARJUN AGE / SEX M / M DATE 13/12/22 UHID

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

Chief Complaints

S/O ANANDU RAINIS 11/4 AM
VIL - SABERI, BUNDERA
Mob - 6295909654
While cooking at home, hot Dal water was near by. She child inadvertently touched the hot and the hot water fell on his buttock and left leg back and ankle.

Treatment

Findings - G.C. of child good
Local - Both buttock area, Lt leg leg, Blisters with clear fluid.
Lungs - Air entry normal.

Vaccination Status

Initial Assessment & Examination

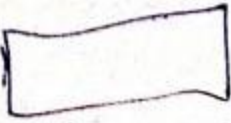
Pulse Rate - 120 /min
BP -
Resp Rate - 30 /min
Temp - 98.6 OF
Ht / Wt - 10 K's
6PO2 97 %

Investigations

RBS mg/dl

- 1) Give T.T. 0.5ml IM STAT
2) W. RLE 350ML 8 hourly
3) Symp BRUGESIS 5mg qd
4) NORMAL DIET
5) Take further orders of DR AMIT

Spoken to DR AMIT



Dietary Advise & Preventive Care

Admit to DR AMIT

Signature of Dr. Collis K. Behera

DR COLLIS K. BEHERA MBBS
DMC Reg No. 48048
VINAYAK HOSPITAL, NOIDA

