



Ref. No.: FRR/Vinayak/10028/2022-23

Dated: 30.11.2022

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Harun.

Sex: Male **Age:** 11 Months.

Father Name: Mr. Jameel.

Address: 451 B Block B Metro Vihar Phase 1 North West Delhi.

Diagnosis: Approx 30% Scald Burn.

Date of Admission: 30/11/2022

Overall Analysis: The patient - Master Harun - was brought in to our hospital by his father - Mr. Jameel on 30th November 2022. The child has sustained Scald Burn Injury due to accidentally coming in contact with hot tea while he was playing at home. His mother was making tea and he was playing near to her suddenly he contacted with hot tea and he got Scald Burn. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 30% TBSA Thermal Burn Injury. The Burns is on Back area, hand area, head area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 11 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	35,500.00
Funds - Dressing & Procedures	53,000.00
Funds - Rehabilitation (Physiotherapy)	3,000.00
Funds - Medicines + Consumables + Transfusions	53,000.00
Funds - Pathology & Diagnostics	10,000.00
Total (in numbers)	190,000.00

Total (in words):

One Lakh Ninety 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	190,000.00
Stage 2	5,000.00
Total (in numbers)	195,000.00
Total (in words):	One Lakh Ninety Five Thousand Only

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



For Vinayak Hospital

[A Division of Vinayak Hospital]

5th Floor, Vinayak Hospital, Sector 27, Atta Market,

NH - 1, Noida - 201301 (UP)

AO/AD

सेवा में

श्रीमान अध्याक्ष

मिशन हिल

श्री 63 वेल्समेंट ब्राउथ हवल्स पार्क - 2

नई दिल्ली - 110019

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय - अविनय निवेदन यह है। की मेरा नाम प्रामील है। मेरा निवास पडा, एलाक - वी, मेट्रो विहार फेज - 1 हजमली कलां उत्तर पश्चिम दिल्ली में स्थित है मेरा श्वक लेता है प्रिंसका नाम हासन है। प्रिंसकी आयु बारह महीने है मेरा लेता घर में रहता था तभी अचानक मेरा लेता गर्मिया के अवर्षक में आ गया और चल गया प्रिंसके कारण मैं उसे नौशटा के विनायक अस्पताल लेकर गया और वहां दिनांक 30-11-2022 को वहां पर भर्ती कराया वहां पर उसके इलाज के लिए श्वक लाइव पंचानवे हजार रुपये का खर्चा लगाया गया है जो की मैं यह खर्चा उठाने में असमर्थ हूँ अतः आपसे निवेदन है की मेरे लेते की सहायता प्रदान करें !

दिनांक
30-11-2022

लेते का नाम - हासन

उम्र - बारह महीने

पता - पडा, एलाक - वी, मेट्रो

विहार फेज - 1 हजमली

कलां उत्तर पश्चिम दिल्ली

आपकी अति कृपा होगी
आपका मार्गी
प्रामील



EMERGENCY ASSESSMENT

17710

NAME Masta HARUN AGE / SEX 11 months DATE 30 NOV UHID

Personal History

Alcohol / Smoking / Tobacco

Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication

Chief Complaints

9:10 PM

Vaccination Status

Initial Assessment & Examination

Pulse Rate - 136 bpm

B.P. - 100/60

Resp Rate - 32 bpm

Temp - 98.4

Ht / Wt - 8 kg

Investigations

R.B.B. 80 mg

clot w/ Dr. Amit Kumar

Treatment

O/c u/s rate

cut / w/ p

PIA - sorted

Chest BC AT P

ASIS

SCALD BURN

30-1.

203

Dietary Advise &

Preventive Care

INJ - MONOCEF 400mg IV 12 hr

INJ. AMIKACIN 60mg IV 12 hr

INJ. METROGEL 80mg IV 8 hr

INJ - PCM 80mg IV 8 hr

INJ - PAN 10mg IV 24 hr

IVF - RL 320ml Pn 1st 8hr then 320 ml / next 16 hr

Name & Sign Of Doctor

- High prob. diet



VINAYAK HOSPITAL™

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

V.H. No. 2204404/22-23
 Room No. 203 Category
 Date of Admission 30/11/22

Name MASTER, HARUN

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

Occupation

Age 11 MONTHS Sex M

Religion MUSLIM

Father's / Husband's Name

Address 451, BLOCK-B METRO VIHAR

PHASE-1 HOUSING KALAN NORTH WEST

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative FATHER

Phone : Office Res.

R.M.O. Dr. S. K. BENERA Informed at 01:06 PM

Admitting Dr. AMIT KUMAR Informed at 01:06 PM

Anjali
 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. AMIT KUMAR

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



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