





Ref. No.: FRR/Vinayak/1032/2022-23

Dated: 03.02.2023

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Vishal .

Sex: Male **Age:** 10 Months.

Father Name: Mr.Khushiram.

Address: Gate no. 3 ,Gall number 1,A-21 Sector 69 Noida (U.P.).

Diagnosis: Approx 60% Electric Burn.

Date of Admission: 03/02/2023

Overall Analysis: The patient - Master Vishal was brought in to our hospital by his father - Mr.Khushiram on 3rd Feb. 2023. The child has sustained Electric Burn Injury due to accidentally coming in contact with electric circuit while he was playing at home. Master Vishal was playing at his house and he came in contact with electric short circuit flame his clothes caught the fire and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 60% Electric Burn Injury. The Burns is on face, hands, legs, abdomen, back, lower back areas. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 10 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 4 Weeks of treatment.

Funds - Hospital Stay(ICU and Ward)	77,500.00
Funds - RMO, Nursing, Consultants & Specialists	72,500.00
Funds - Dressing & Procedures	66,000.00
Funds - Rehabilitation (Physiotherapy)	8,000.00
Funds - Medicines + Consumables + Transfusions	78,000.00
Funds - Pathology & Diagnostics	25,000.00
Total (in numbers)	327,000.00
Total (in words):	Three Lakh Twenty Seven 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	8,000.00
Total (in numbers)	8,000.00
Total (in words):	Eight Thousand Only
Fund Requirement - TOTAL	
Stage 1	327,000.00
Stage 2	8,000.00
Total (in numbers)	335,000.00
Total (in words):	Three Lakh Thirty Five Thousand Only

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



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

AO/AO

सेवा में

श्रीमान अधिवक्ता
मिशन हिल

सी-63 बेसमेंट साउथ स्कस-मार्ट-2

नई-दिल्ली-49

विषय- आर्थिक सहायता हेतु- प्रार्थना-पत्र

महोदय,

सविनय निवेदन यह है, मेरा नाम खुशीराम है।
मेरा निवास स्थान सेक्टर-69 नोरडा में
स्थित है। मेरा एक बेटा है, जिसका नाम
विशाल है। जिसकी आयु 10 महीने की है।
मेरा बेटा घर में खेल रहा था, अचानक
खेले-खेले यह घर में छोड़ा इसके कुछ
शर्ट सॉकेट के पास पहुँच गया। जिसकी
घोंट में आकर यह सुलस गया। इसके
स्लाज के लिए मैं उसे नोरडा के विनायक
हॉस्पिटल लेकर गया। और दिनांक 03-02-2023
को वहाँ पर भर्ती कराया वहाँ पर उसके स्लाज
के लिए तीन लाख पैसे का स्पर्श का
खर्च बताया गया। जो कि मैं यह खर्च उठाने
में असमर्थ हूँ, अतः आपसे निवेदन है, मेरे
बेटे के स्लाज के लिए सहायता प्रदान करें।

दिनांक
03-02-2023

बेटे का नाम - विशाल

उम्र - 10 महीने

पता - सेक्टर-2-69

नोरडा

आपकी अति कृपा होगी।

आपका प्रार्थी

खुशीराम



EMERGENCY ASSESSMENT

18312

NAME Mr. Vishal AGE / SEX 10 months / M DATE 03/02/23 UHID P-221272
@ 8:30pm

Personal History

Alcohol / Smoking / Tobacco

Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication

Vaccination Status

Chief Complaints

patient brought to the casualty with alleged H/O - Electric shock ~ 7:30-8 PM today at home - for severe burn involving face, Abd, Lt & Rt U/L, Perineum, Spl - lower limb, facial puffiness @ body swell, he is critical / crying / dehydrated

Initial Assessment & Examination

Pulse Rate - 170b/min

B P -

Resp Rate - 30b/min

Temp -

Ht / Wt - 8kg

Spr - 92%

Investigations

Investigations

Investigations

Investigations

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Treatment

Treat ~ 60-70% (Deep) - shift to ICU (burn department) - NPO today - 4% fluid 100ml - 2 vitals @ 30 min - Inj. PARACET 1g IV 12h - Inj. SFCORLAN 25mg IV x 12h - Inj. DEXA 1mg IV 12h - Inj. PCM 25mg IV 8h - Syp - Ranfac 5ml PO x 12h - Foley's Catheterization - Oxygen done

Dietary Advise & Preventive Care

Dietary Advise & Preventive Care

Dietary Advise & Preventive Care

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CASUALTY MEDICAL OFFICER
VINAYAK HOSPITAL
03/02/23

Name & Sign Of Doctor

MLC No-3570

UHD-P2212776



VINAYAK HOSPITAL™

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

V.H. No. 2205611/22-23

Room No. ICU Category

Date of Admission 3/02/23

Name MASTER. VISHAL

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

Occupation

Age 10 MONTH Sex MA

Religion HINDU

Father's / Husband's Name

Address GATE No-3 CT. No-1

A-21 SEC-69 NOIDA

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. ASHOK Informed at 8:56 AM

Admitting Dr. A.K. VERMA Informed at 8:56 AM

Receptionist

Unit / Consultant DR. A.K. VERMA

Date of Discharge

Provisional Diagnosis

Final Diagnosis

Infectious nature of disease : Yes/No

22 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.

Signature of Patient / Relative

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

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

Authorised Signatory

