



Ref. No.: FRR/Vinayak/1009/2023-24

Dated: 29.05.2023

### PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Master Satya.

**Sex:** Male **Age:** 14 Months.

**Father Name:** Mr. Vipin Singh.

**Address:** Harola Sector 5 noida G.B. Nagar[U.P.].

**Diagnosis:** Approx 30% Thermal Burn.

**Date of Admission:** 27/05/2023

**Overall Analysis:** The patient - Master Satya was brought in to our hospital by his father - Mr. Vipin Singh on 27th May 2023. 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 for family 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 30% TBSA Thermal Burn Injury. The Burns is on abdomen area, back area, and leg area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 14 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 3 Weeks of treatment.

Funds - Hospital Stay(ICU and Ward)	55,500.00
Funds - RMO, Nursing, Consultants & Specialists	40,500.00
Funds - Dressing & Procedures	53,000.00
Funds - Rehabilitation (Physiotherapy)	3,000.00
Funds - Medicines + Consumables + Transfusions	45,000.00
Funds - Pathology & Diagnostics	15,000.00
<b>Total (in numbers)</b>	<b>212,000.00</b>

Total (in words):

Two Lakh Twelve Thousand Only

**Fund Requirement - Follow Up**

Please find below the detailed fund requirement for Follow Up period of 1.5 Month Post Discharge.

<b>Funds - Follow Up Visits &amp; Dressings</b>		<b>8,000.00</b>
<b>Total (in numbers)</b>		<b>8,000.00</b>
<b>Total (in words):</b>		<b>Eight Thousand Only</b>
<b>Fund Requirement - TOTAL</b>		
<b>Stage 1</b>		<b>212,000.00</b>
<b>Stage 2</b>		<b>8,000.00</b>
<b>Total (in numbers)</b>		<b>220,000.00</b>
<b>Total (in words):</b>		<b>Two Lakh Twenty Thousand Only</b>

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



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

AO/AD

सेवामें

श्रीमान अध्यापक

मिशन हीस

सी-63 वेलमेंट साउथ स्कस पार्ट-2

नई दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र

महोदय,

सविनय निवेदन यह है, मेरा नाम विपिन सिंह है। मेरा निवास स्थान सेक्टर-05 एरोला नोरखा में स्थित है। मेरा एक बेटा है। जिसका नाम सत्या है। जिसकी आयु एक साल दो महीने की है। मेरा बेटा घर में खेल रहा था। अचानक खेलते खेलते वह बर्तन में रखी गर्म दाल के उपर गिर पड़ा जिससे वह जल गया। इसके इलाज के लिए मैं उसे नोरखा के किनाथक हॉस्पिटल लेकर गया और दिनांक 27-05-2023 को वहाँ पर भर्ती कराया। वहाँ पर इसके इलाज के लिए दो लाख बीस हजार रुपये का खर्चा बताया गया, जो कि मैं यह खर्च खर्च करने में असमर्थ हूँ। अतः आपसे निवेदन है, मेरे बेटे के इलाज के लिए सहायता प्रदान करें !

आपकी आति न्युपा होगी,

दिनांक  
27-05-2023

बेटे का नाम - सत्या

उम्र - 14 महीने

माता - सेक्टर-05

एरोला नोरखा

आपका प्रार्थी

विपिन सिंह

GLOBAL VIRTUAL



VINAYAK HOSPITAL™

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

V.H. No. IPD-553 / 23-24

Room No. 205 Category

Date of Admission 27/05/2023

Name MAST. SATYA KUMAR SINGH

S/o, D/o, W/o MR. VIPIN SINGH

Occupation

Age 14 MONTH Sex M

Religion HINDU

Father's / Husband's Name

Address HAROLA, Sec-5,  
NOIDA, G.B. NAGAR U.P.

Phone : Office Res

Advance Receipt No. Date

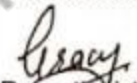
For Rs.

Name &amp; Address of accompanying relative FATHER

Phone : Office Res

R.M.O. Dr. S.K. BEHERA Informed at 02:02 PM

Admitting Dr. A.K. VERMA Informed at 02:02 PM

  
Receptionist

Unit / Consultant DR. ASHOK KUMAR 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

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



MLC 3615

19480

## EMERGENCY ASSESSMENT

NAME Salya Kumar AGE / SEX M / 16 DATE 27.5.23 UHID 1140 PM

Chief Complaints

2/0 Hot stool fall on the body of the child, white to baby was playing. When boiling liquid fall on the body at 11:30 PM. 26.5.23

Place Sec 5, No 1A Kala colony

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

### Treatment

Brought by father now -  
On exam to exam of burn -  
For flame, abdomen, bullock -  
ant. lateral part of 1st degree -  
Extent 25-30% of total

### Initial Assessment & Examination

Pulse Rate - 126 / min  
BP - 110/70  
Resp Rate - 26 / min  
Temp - 98.6 F  
Ht / Wt - 9 kg  
PO2 - 98%

### Investigations

RBS 128 mg/dl

DR. A.K. Narain

- 1) Synt TT 0.5ml
- 2) Synt 20 mg/kg play 7.5ml TDS
- 3) Synt Augmentin 7.5ml BID
- 4) Bolus 500ml N/S stat

Name & Sign of Doctor  
Dr. (Col) S. K. BEHERA  
CCMO MBBS  
DMC Reg. No. 43048  
MMC 2477

Dietary Advise & Preventive Care

