



Ref. No.: FRR/Vinayak/1006/2023-24

Dated: 18.05.2023

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Shivansh.

Sex: Male **Age:** 3.6 Years.

Father Name: Mr. Abhishek Chauhan

Address: Sector 45 noida G.B. Nagar(U.P.).

Diagnosis: Approx 20-25% Thermal Burn.

Date of Admission: 17/05/2023

Overall Analysis: The patient - Master Shivansh was brought in to our hospital by his father - Mr. Abhishek Chauhan on 17th May 2023. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot milk while he was playing at home. His mother was warming milk for family and he was playing near to her suddenly he contacted with hot milk and he got thermal burn. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 20-25% TBSA Thermal Burn Injury. The Burns is on chest area, shoulder, face, hands area, and 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 3.6 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	53,000.00
Funds - Rehabilitation (Physiotherapy)	3,000.00
Funds - Medicines + Consumables + Transfusions	61,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	238,000.00

Total (in words):

Two Lakh Thirty Eight 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	2,000.00
Total (in numbers)	2,000.00
Total (in words):	Two Thousand Only
Fund Requirement - TOTAL	
Stage 1	238,000.00
Stage 2	2,000.00
Total (in numbers)	240,000.00
Total (in words):	Two Lakh Forty Thousand Only

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



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 अध्यक्ष,

मिशन टील,

सी - 63 वेस्टमेंट साउथ स्कस पार्ट - 2

नई दिल्ली - 49

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम अभीषेक है।
मेरा निवास सेक्टर-45, नौएडा - 201301 में स्थित है।
मेरा एक बेटा है। जिसका नाम शिवांश है। उसकी आयु
3.6 वर्ष है। मेरा बेटा घर में खेल रहा था तभी अचानक
वह गर्म दूध के सम्पर्क में आ गया और जल गया।
जिसके कारण मैं उसे नौएडा के विनायक हास्पिटल
लैकर आ गया और यहाँ पर उसके इलाज के लिए
240000/- रुपये का खर्चा बताया गया है। जो कि मैं
यह खर्चा उठाने में असमर्थ हूँ। अतः मेरा आपसे
निवेदन यह है कि मेरे बेटे को सहायता प्रदान करें।

आपकी अतिकृपा होगी।

आपका प्रार्थी,

अभीषेक।

Date - 12/05/23

बेटे का नाम - शिवांश

उम्र - 3.6 वर्ष।

पता - सेक्टर - 45, नौएडा - 201301

अभीषेक

MLC - No-3610

19369

EMERGENCY ASSESSMENT

NAME MASTRA SILVANOSE AGE / SEX 3.6/M DATE 17/5/23 UHID 5837

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

Chief Complaints

This 3.6 year old boy was brought to casualty with h/o scald body yesterday night at around 10pm due to bed lip ~~beats~~ milk accidentally spilled.
 O/E - Child is irritable & crying
 Wals - w/m

- Initial Assessment & Examination
 - Pulse Rate - 118/m
 - BP -
 - Resp Rate - 29/m
 - Temp - 98.6 F
 - Ht / Wt - 12kg
 - SpO₂ - 96%
- Investigations
 - SRS - 136 mg/dl.

Treatment

Local exam body -
 Involvement of parts as below -
 - front chest & side skin loss
 - Lt upper arm (2af)
 - Lt upper chest & Lt hand. & Lt eye swollen & water rip
 Systemic exam - NAD

ADMIT

↓
 Dr AK Verma
 (informed)

- 1 - Dressing of wound in the
 - 2 - BID - Ceph - in R.F. & Gently
 - 3 - Syf Ibuprofen - Ho of Jd
 - 4 - Syf Augmentin - 1 of RD
 - 5 - IVF - RL - 20ml/hr 10
- Rest as advised by surgeon.

Dr. (Lt. Col.) REKHA MOHANTY Name & Sign Of Doctor
 Casualty Medical Officer (CMO)
 Regd. No. 201
VINAYAK HOSPITAL NOIDA

Dietary Advise & Preventive Care

Kadu



VINAYAK HOSPITAL™

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

V.H. No. IPD - 474 / 23-24
Room No. 206 Catagory
Date of Admission 17/05/2023

Name MASTER BHIVANSH
 S/o, D/o, W/o MR. ABHISHEK RAUHAN
 Occupation
 Age 3.6 YRS Sex M
 Religion HINDU
 Father's / Husband's Name
 Address Sec-45, NOIDA, G.B. NAGAR, U.P. 201301
 Phone : Office Res.
 Advance Receipt No. Date
 For Rs.
 Name & Address of accopanying relative FATHER
 Phone : Office Res.
 R.M.O. Dr. REKHA MOHANTY Informed at 03:51 PM
 Admitting Dr. A.K. VERMA Informed at 03:51 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.

Rubi

Signature of Patient / Relative

Discharge Date Time Bill No. / R.No. Dated
 For Rs. Received / Refundable after adjustment of advance Rs.

Authorised Signatory

