



Ref. No.: FRR/Vinayak/10021/2023-24

Dated: 24.10.2023

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Luvkuch .

Sex: Male **Age:** 2 Years .

Father Name: Mr.Surendra.

Address: Sector 123 Noida (U.P.).

Diagnosis: 25% Thermal Burn.

Date of Admission: 20/10/2023

Overall Analysis: The patient - Master Luvkuch - was brought in to our hospital by his father - Mr.Surendra - on 20th October 2023. The child has sustained Deep Thermal Burn Injury due to accidentally coming with hot water. Master Luvkuch was playing at home ,his mother was boiling water for family - suddenly master luvkuch fell into that hot water and he got burnt . As a result of the incident, the child has sustained mostly 3rd Degree Deep approx 25% TBSA Thermal . The Burns is on chest area, front and side area of shoulder and hand area. The shoulder has major infection and slap tear surgery would be required. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child 2 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 or SLAP Tear Surgery 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 6 Weeks of treatment.

Funds - Hospital Stay(ICU and Ward)	115,000.00
Funds - RMO, Nursing, Consultants & Specialists	85,000.00
Funds - Dressing & Procedures	135,000.00
Funds - Rehabilitation (Physiotherapy)	8,000.00
Funds - Medicines + Consumables + Transfusions	110,000.00
Funds - Pathology & Diagnostics	35,000.00
Total (in numbers)	488,000.00

Total (in words):

Four Lakh Eighty 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		12,000.00
Total (in numbers)		12,000.00
Total (in words):		Twelve Thousand Only
Fund Requirement - TOTAL		
Stage 1		488,000.00
Stage 2		12,000.00
Total (in numbers)		500,000.00
Total (in words):		Five Lakh Only

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



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 अध्यापक

मिशन हील

सी-63 वेसमेंट साउथ एक्सपार्ट-2

आई-दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र

महोदय,

सविनय निवेदन यह है. मेरा नाम सुरेन्द्र है. मेरा निवास स्थान सेक्टर-123 नोएडा में स्थित है. मेरा एक बेटा है. जिसका नाम लवकुश है. जिसकी आयु 2 वर्ष की है. मेरा बेटा घर में खेल रहा था. अचानक खेलते-खेलते वह कर्मि में खड़े गर्म पानी के अपर गिर पड़ा. जिससे वह जल गया. इसके इलाज के लिए मैं उसे नोएडा के विनायक हॉस्पिटल लेकर गया और दिनांक 20-10-2023 को वहाँ पर भर्ती कराया. वहाँ पर इसके इलाज के लिए पाँच लाख रुपये का खर्च बताया. जो कि मैं यह खर्च उठाने में असमर्थ हूँ. अतः आपसे निवेदन है. मेरे बेटे के इलाज के लिए सहायता प्रदान करें.

आपकी आति धन्य होगी.

आपका प्रार्थी

सुरेन्द्र

दिनांक

20-10-2023

बेटे का नाम - लवकुश

उम्र - 2 वर्ष

पता - सेक्टर-123

नोएडा (U.P)



A Unit of Chaudhary Nursing Home Pvt. Ltd.

VH No IPD-1607/23-24

Room No 203 Category

Date of Admission 20-10-23



Name MASTER LUV KUSH

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

Occupation

Age 2 yrs Sex MALE

Religion HINDU

Father's / Husband's Name

Address SEC-123 NOIDA

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative FATHER

Phone : Office Res.

R.M.O. Dr. REIKHA Informed at 14:20 PM

Admitting Dr. ASHOK KY VERMA Informed at 14:20 PM

DR. MANOJ MEHRA 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 ASHOK KY VERMA
DR MANOJ MEHRA

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.



EMERGENCY ASSESSMENT

21159

MLC NO- 3649

NAME MASTER LUKKISH AGE / SEX 02/M DATE 20.10.2023 PHID 10330

Personal History

Alcohol / Smoking / Tobacco
Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

Other

Menstrual History

Current Medication

Vaccination Status

Initial Assessment & Examination

Pulse Rate - 146 / min

B.P - 112 / 72

Temp - 99.4

Ht / Wt - 100 / 15

Investigations - SpO2 96% on O2

Chief Complaints

PM

The above child is brought to the casualty with l/o accidental pouring of kerosene at home on 01/10/23 at 6am. Details as noted in MLC book. The child was treated outside and brought to this hospital after 2 days of injury.

Dr Exam Child is very sick inoperable

Treatment

PR - 146/min SpO2 - 96% on O2
RR - 32/min
Temp - 99.4

Exam - Rt shoulder } Affected
Rt side chest } 2 burn
Lower back }

The above part is extensively damaged due to infection with purulent discharge & exposure of bony part. Involvement around 25%.
Chest - clinically clear.

Admit in ICU

Rt wound was cleaned & dressed - O2 inhalation to be continued

Dr A.K Verma / Dr M Mehra / Informed

Name & Sign Of Doctor - To follow advice of surgeons

Dietary Advise & Preventive Care

As advised

Dr. (Lt. Col.) REKHA MOHANTY
Casualty Medical Officer (CMO)
For Appointment Call 0190-4504400

