





Ref. No.: FRR/Vinayak/10030/2023-24

Dated: 24.02.2024

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Mannu Gupta.

Sex: Male **Age:** 1 Year Six Months.

Father Name: Mr. Anuj Gupta.

Address: Sector 58 Noida Gautam Buddha Nagar (U.P.).

Diagnosis: Approx 40% Thermal Burn.

Date of Admission: 24/02/2024

Overall Analysis: The patient - Master Mannu Gupta was brought in to our hospital by his father - Mr. Anuj Gupta on 24th Feb 2024. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot rice water while he was playing at home. His mother was making food for his family and he was playing near to her suddenly he contacted with hot rice water and he got thermal burn. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 40% TBSA Thermal Burn Injury. The Burns is on legs area, back area, genital areas and hands area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 1.6 year 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)	85,500.00
Funds - RMO, Nursing, Consultants & Specialists	90,500.00
Funds - Dressing & Procedures	85,000.00
Funds - Rehabilitation (Physiotherapy)	5,000.00
Funds - Medicines + Consumables + Transfusions	105,000.00
Funds - Pathology & Diagnostics	35,000.00
Total (in numbers)	406,000.00

Total (in words):

Four Lakh Six Thousand Only

Fund Requirement - Follow Up

Please find below the detailed fund requirement for Follow Up period of 1 Month Post Discharge.

Funds - Follow Up Visits & Dressings		14,000.00
	Total (in numbers)	14,000.00
	Total (in words):	Fourteen Thousand Only
Fund Requirement - TOTAL		
	Stage 1	406,000.00
	Stage 2	14,000.00
	Total (in numbers)	420,000.00
	Total (in words):	Four Lakh Twenty Thousand Only

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



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 अध्या-
मिशन डील

सी-63 वर्मैन्ट साउथ-एक्स

पार्ट-2, नई दिल्ली - 49/

विषय :- अधिक सहायता हेतु प्रार्थना पत्र।

सविनय निवेदन यह है कि मेरा नाम अनुज है।
मेरा निवास सेक्टर - 58 नोस्टा, U.P में स्थित है।
मेरा स्कूलेटा है, जिसका नाम मन्नु है। उसकी
आयु 1 Year (Month) है। मेरा बेटा प्यर में रबेल
रहा था, तभी अचानक मैं बह गर्म पावल के पानी
के संपर्क में आ गया और जल गया। जिसके कारण
मैं उसे नोस्टा के विनायक हॉस्पिटल लेकर आ गया।
यहाँ पर उसके इलाज के लिए चार लाख बीम हजार
रुपय का खर्चा बताया गया है। जो कि मैं यह खर्चा
उठाने में असमर्थ हूँ। अतः आपसे निवेदन यह है कि
मेरे बेटे का सहायता प्रदान करें।

Date - 24/11/24

बेटे का नाम - मन्नु गुप्ता

उम्र - 1 Year (Month)

पता - सेक्टर - 58, नोस्टा

U.P

आपकी अतिकृपा होगी

आपका प्रार्थी

अनुज गुप्ता।

अनुज



VINAYAK HOSPITAL™

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

MLE NO 3690

V.H. No.

Room No.

Date of Admission

100 - 2217/23-24

204 Category

24/2/2024

Name MASTER MANNU Gupta

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

Occupation

Age 1 Year 6 Months Sex M

Religion HINDU

Father's / Husband's Name

Address SEC-58, NOIDA UP

Phone : Office Res

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

FATHER

Phone : Office Res

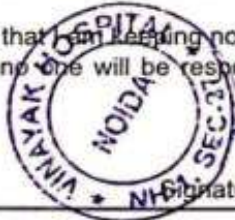
R.M.O. Dr. S.K. BEHRA Informed at 12:30 PM

Admitting Dr. DR. ASHOK VERMA Informed at 12:30 PM

W
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 3694

Unit / Consultant DR. ASHOK 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

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

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

Authorised Signatory



19795

EMERGENCY ASSESSMENT

NAME MASTUR MANNUGupta AGE / SEX Male DATE 24/2/24 UHID 12670
Chief Complaints GI Pain

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 - 124
B P -
Resp Rate - 26
Temp - 98
Ht / Wt - 5'02" 89 lb.

Investigations

Treatment

Patient Mastur Mannu Gupta
30. Army, brought to General by
with Ayat & Burn Case. Patient
accidentally fell down in Boiler
Rice water pot on 18.2.24 at
Home. Treatment taken in local
doctors and brought to Patan
today 24/2/24 for further treatment of
Burn injuries.
O/E. G.C. Sever Sick, breathless
moan. Burn injuries on back side
and genitalia. 40% Burn area

WWW.VINAYAKHOSPITAL.COM

Dietary Advise & Preventive Care

1. I.T.T. 4hrly
2. Sy. Morphine Plus 5ml 4hrly
3. Sy. Polysorb 10ml 4hrly
Admission Dr. Ashok
and Kept in ICU for 24hr

Name & Sign of Doctor



