



Ref. No.: FRR/Vinayak/10032/2023-24

Dated: 27.03.2024

## PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Nolda Initiative)

Patient Name: Baby Neharika.

Sex: Female Age: 2 Years.

Father Name: Mr. Avinash Sharma

Address: Jahar Singh Colony ,Barola SEctor 49 Noida (U.P.).

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 27/03/2024

Overall Analysis: The patient — Baby Neharika was brought in to our hospital by her father - Mr. Avinash Sharma on 27th March 2024. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot oil while she was playing at home. Her mother was making food for the family and she was playing near to her suddenly she contacted with hot oil and she got thermal burn . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 30% IBSA Thermal Burn Injury. The Burns is on both hands and chest area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 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 if required, would be undertaken at a later stage.



## Fund Requirement - During Hospital Stay

Please find below the detailed fund requirement for the 2 Weeks of treatment.

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38,000.00
5,000.00
40,000.00
45,000.00
45,000.00

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Funds - Follow Up Visits & Dressings		2,000.00
	Funds - Follow Up Visits & Dressings	2,000.00
Fund Requirement - Follow Up  Please find below the detailed fund requirement for Follow Up period of 1 Month Post Discharge.		onth Post Discharge.

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



For Vinayak Hospital

[A Division of Vinayak Hospital]

5th Floor, Vinayak Hospital, Sector 27, Atta Market,

NH - 1, Noida - 201301 (UP)

सेवा में; श्रीमात अल्प्रक्ष-मिशन हील सी-63 बेममेन्ट माउप रेप्सम पार्ट-2 नई दिल्ली-49 | विषय:- अधिक सहायता हैतु प्रार्थना पत्र |

स्विनय निवेदन यह है कि मैंबा नाम अविनाश शामी है। भैंबा निवास जाहर मिंह कॉलोनी , बजौला कैवटर ने नोरूडा में 'कियत हैं। मैंबी कि बेटी एर में इवेल रही भी , तभी अचानक की वह गर्म तैल के कंम्पर्क में आ गर्ड और जल गई। जिसके कारण में उसे नीरूडा के विनासक अस्पताल लेकर आ गमा आर यहां पर उसके ईलाज के लिस क्य लाख नहने हज़ार कराने में असमर्थ हैं। अतः आपसे निवेदन यह हैं कि मैंबी बेटी को सहामता अपना है। जी कि में यह रवची असमर्थ हैं। अतः आपसे निवेदन यह हैं कि मैंबी बेटी को सहामता अपना अस्पताल होंगी

आपका प्राची

अविनाश-शर्मा ।

रेटी का नाम - तिहारिका अग्यु - 2 वर्ष। पता - ग्री नठ-1 सेक्टर-49 ब्योला - नौरुडा।



V.H. No. 2285 22 24

Room No 202 Catagory

Date of Admission 2.7 - 03 - 2024



A Unit of Chaudhary Nursing Home Pvt. Ltd.

Name BABY NEHARIKA  SYLDIO, W. AVINASH SHARMA  Occupation  Age SYLDIO, SEX FORMACE  Religion  Father's / Huebend's Name AVINASH SHARMA  Address JAHAR SINCH CALONY  BARQUA SE OLA NOI IN A  Address JAHAR SINCH CALONY  Phone: Office Res Noi Date Death Record filled by Dr.  For Rs.  Phone & Address of accopanying relative Date and Time of Delivery  New Born: Male / Female Birth record filled by Dr.  Phone: Office Res SELDIO SELDI	Occupation  Age Sylva Sex Comade  Religion  Father's / Hueband's Name DVI NASH SHARM  Address TA HAR SINGH GLON  BARQUA SETON  Phone : Office Res.  Name & Address of accopanying relative  Phone : Office Res.  RM.O. Dr. SK. BEHAR formed at 9.34  Admitting Dr. T. S. HAR Agrand and the did 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  Date of Discharge  Provisional Diagnosis.  Final Diagnosis  Infectious nature of disease: Yes/No  System : LAMA/Stable / Improved / Cured / Died  Outcome: LAMA/Stable / Improved / Cured / Died  Dath 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.  On		
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## **EMERGENCY ASSESSMENT**

	sol co le son suco
NAME BABONE	HARILA AGE/SEN FEN-LETTOSDONIO DUS3
	Chief Compaints
Personal History	- Salferal
Alcohol / Smoking / Tobacco	Quis & Baby Nahoailca, Oyur
Chewing / other	Patient Baby Nahaailan Byendal ferral child broght by hur fallier - Avinah SHARM
Allergy	
Past History	all copies again due busin
Diabetes / HT / IHD / TB OTHER	today at 9.30 (27.03.204) due buses Injulies. The child accerdantly put his
Menstrual History	Inivities The child accidently to
Current Medication	hand im poilpoil. while noting good at home as 26/08/2014 at 9:2000 at home. Treatment De sile at 1 1/2 trestaid with local
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