





Ref. No.: FRR/Vinayak/10033/2024-25

Dated: 26.04.2024

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Mishti.

Sex: Female **Age:** 1 year.

Father Name: Mr. Manoj Kumar.

Address: Gall Number 10, House number 743 Halder Nagar Delhi.

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 26/04/2024

Overall Analysis: The patient - Baby Mishti was brought in to our hospital by her father - Mr. Manoj Kumar on 26th April 2024. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot vegetable while she was at home. Her mother was warming vegetable for her family, suddenly baby Mishti contact with hot vegetable and she got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep upto 35% TBSA Thermal Burn Injury. The Burns is on head area, face area and hand 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 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 3 Weeks of treatment.

Funds - Hospital Stay	68,000.00
Funds - RMO, Nursing, Consultants & Specialists	55,000.00
Funds - Dressing & Procedures	62,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	70,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	274,000.00

Total (in words):

Two Lakh Seventy Four 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	6,000.00
Total (in numbers)	6,000.00
Total (in words):	Six Thousand Only
Fund Requirement - TOTAL	
Stage 1	274,000.00
Stage 2	6,000.00
Total (in numbers)	280,000.00
Total (in words)	Two Lakh Eighty Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Baby Mishdi.



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 वेल्फेयर आउथ स्कूल

पार्ट-2, नई दिल्ली-49।

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र।

शुक्रिय निवेदन यह है कि मेरा नाम मनोज कुमार है। मेरा निवास गली नं०-10 H.No-743 ईस्ट दिल्ली में स्थित है। मेरी स्कूल बंटी है। जिसका नाम मिस्ती है। इसकी आयु 1 वर्ष है। मेरी बंटी घर में बर्बल रही थी, तभी अचानक से वह गर्म सड़की के सम्पर्क में आ गई और जल गई।

जिसके कारण मैं उसे नौरुद्र के विनायक अस्पताल लेकर आ गया और यहाँ पर उसके इलाज के लिए दो लाख अस्सी हजार रुपये का खर्चा बताया गया है। जो कि मैं यह खर्चा उठाने में असमर्थ हूँ। अतः आपसे निवेदन यह है कि मेरी बंटी का सहायता प्रदान करें।

Date - (26/4/24)

बंटी का नाम - मिस्ती।

आयु - 1 वर्ष।

पता - गली नं०-10

H.No-743 ईस्ट दिल्ली।

आपकी अतिकृपा होगी।

आपका प्रार्थी

मनोज कुमार।

Manoj Kumar



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 122/24-25

Room No. 203 Category

Date of Admission 20/04/2024



Name BABY MISHTI
 S/o, D/o, W/o MR. MANOJKUMAR
 Occupation _____
 Age 1 Year Sex F
 Religion HINDU
 Father's / Husband's Name _____
 Address GALINDO-10 HNo. 743
HAI DER - DELHI
 Phone : Office _____ Res. _____
 Advance Receipt No. _____ Date _____
 For Rs. _____
 Name & Address of accompanying relative _____
 Phone : Office _____ Res. _____
 R.M.O. Dr. DR. REKHA Informed at 11.30 AM
 Admitting Dr. DR. ASHOK KUMAR VERMA Informed at 11.45 AM
Chagnu
 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 filed by Dr. _____

FOR DELIVERY CASE ONLY

Date and Time of Delivery _____
 New Born : Male / Female _____
 Birth record filed 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.

Manoj Kumar
 Signature of Patient / Relative

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

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

Authorised Signatory



19705

EMERGENCY ASSESSMENT

NAME BABY MISHTI AGE / SEX 01 / F DATE 26/4/2024 UHID

Personal History

Alcohol / Smoking / Tobacco

Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication

Vaccination Status

Initial Assessment &

Examination 24m

Pulse Rate -

B P -

Resp Rate -

Temp - 98.6

Ht / Wt - 9kg

Investigations

Spo2 97%
Hb 12
Hct 35
Asctain

Chief Complaints

The above child a case of accidentally fall down in a pot of Boiled Vegetable at home on 17.3.2024. Scaled Burn, both hands and head. Burn injuries 30% to 35%. Initially patient was taking treatment in old St. Stephen's hospital, then patient shifted to this hospital

Treatment

for further Management of Burn Injuries.

As dressing

- Sp. Clotm. 20mg. 8hrly
- Sp. Ibuprofen 1st 8hrly
- Sp. Hemp. 1/2 Tab 12hrs
- Sp. MV. 1st 12hrs



Name & Sign Of Doctor

Dietary Advise & Preventive Care

