



Ref. No.: FRR/Vinayak/10045/2024-25

Dated: 17.09.2024

**PROFORMA INVOICE / FUND REQUISITION REPORT:**

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Baby Sandhya .

**Sex:** Female **Age:** 2 Years .

**Father Name:** Mr.Sunil Kumar.

**Address:**Sector 31 Nithari, Noida (U.P.).

**Diagnosis:** Approx 30% Thermal Burn.

**Date of Admission:** 16/09/2024

**Overall Analysis:** The patient - Sandhya - was brought in to our hospital by her father - Mr.Sunil Kumar on 16th September 2024.The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot milk while she was at home. Her mother was warming milk for her family, suddenly Sandhya contacted with hot milk and got burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 30% TBSA Thermal Burn Injury. The Burns is on chest area, abdomen area and face areas. 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.

**Visuals:**



**Fund Requirement - During Hospital Stay**

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

Funds - Hospital Stay	48,000.00
Funds - RMO, Nursing, Consultants & Specialists	40,000.00
Funds - Dressing & Procedures	36,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	49,000.00
Funds - Pathology & Diagnostics	8,000.00
<b>Total (in numbers)</b>	<b>185,000.00</b>
<b>Total (in words):</b>	<b>One Lakh Eighty Five Thousand Only</b>

**Fund Requirement - Follow Up**

Please find below the detailed fund requirement for Follow Up period of 1.5 Month Post Discharge.

<b>Funds - Follow Up Visits &amp; Dressings</b>		<b>5,000.00</b>
	<b>Total (in numbers)</b>	<b>5,000.00</b>
	<b>Total (in words):</b>	<b>Five Thousand Only</b>
<b>Fund Requirement - TOTAL</b>		
	<b>Stage 1</b>	<b>185,000.00</b>
	<b>Stage 2</b>	<b>5,000.00</b>
	<b>Total (in numbers)</b>	<b>190,000.00</b>
	<b>Total (in words)</b>	<b>One Lakh Ninety Thousand Only</b>

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



For Vinayak Hospital  
(A Division of Vinayak Hospital)  
5th Floor, Vinayak Hospital, Sector 27, Atta Market,  
NH - 1, Noida - 201301 (UP)

AO/AD



शैलामि,

श्री मम अहमद

मिशन हील

सी-63 वेसमिन्ट साउथ एबल पार्क-2

नई दिल्ली-44

विषय-

आजिक सहायता हेतु प्रार्थना पत्र

महोदय,

सविनय निवेदन पत्र है मेरा नाम सुनील कुमार है  
मेरा निवास स्थान नीरुडा सिबहर-30 निठारी में स्थित है  
मेरी एक लैडी है जिसका नाम संध्या है जिसकी आयु  
2 वर्ष की है मेरी बेटी घर में खेल रही थी अन्यायक  
खिलौने-खिलौने वट बर्तन में खेव गर्म दूध के उपर छिर  
गड़े जिससे जिससे वट जब गड़े इसके इलाज के लिए  
मैं उसे नीरुडा के विनायक डॉ. पी. एल. लेकर गया उकी  
दिनांक 16/4/24 को वहाँ पर प्यारी कराया वहाँ पर  
उसके इलाज के लिए एक लाख नव्वे रुपया रुपये  
का खर्च कराया गया जो कि मैं पत्र खर्च उठाने  
में असमर्थ हूँ अतः आपसे निवेदन है मेरी बेटी  
के लिए इलाज के लिए सहायता प्रदान कीरे!

दिनांक

16/4/24

बेटी का नाम = संध्या  
उम्र = 2 वर्ष  
पता = नीरुडा सिबहर-30  
निठारी

आपकी अति कृपा होगी  
आपका प्रार्थी  
सुनील कुमार



# VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

VHID-16843

V.H. No. 1067/2425

Room No. 203 Category

Date of Admission 16.09.2024



Name <u>BABY SANPHYA</u>	Unit / Consultant	
S/o, D/o, W/o <u>SUNIL KUMAR</u>	Date of Discharge	
Occupation	Provisional Diagnosis	
Age <u>2 YRS</u> Sex <u>F</u>	Final Diagnosis	
Religion <u>HINDU</u>	Infectious nature of disease : Yes/No	
Father's / Husband's Name	Outcome : LAMA / Stable / Improved / Cured / Died	
Address <u>SEC-31, NITHARI</u>	Death Record filled by Dr.	
<u>NOIDA</u>		
Phone : Office Res.	<b>FOR DELIVERY CASE ONLY</b>	
Advance Receipt No. Date	Date and Time of Delivery	
For Rs.	New Born : Male / Female	
Name & Address of accompanying relative	Birth record filled by Dr.	
Phone : Office Res.	Patient shifted from Room No. to	
R.M.O. Dr. <u>PINTO</u> Informed at <u>3:30 PM</u>	On	
Admitting Dr. <u>Ashok Kumar</u> Informed at <u>3:30 PM</u>	Shifted from Room No. to	
<u>VERMA</u>	On	
Receptionist	Shifted from Room No. to	
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.	On	
	Shifted from Room No. to	
	On	
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.		
<u>Sathar Kumar</u> Signature of Patient / Relative		

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

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

Authorised Signatory





19795

## EMERGENCY ASSESSMENT

NAME BABY SANDHYA AGE / SEX 2y / F DATE 16.09.2024 UHID 16843

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

### Chief Complaints

Patient brought to Casualty by her mother w/A/I/O Thermal burn by hot milk at home.

Thermal burn, on face, abdomen and back  
TBSA - 30%

**Initial Assessment & Examination**  
 Pulse Rate -  
 B P -  
 Resp Rate -  
 Temp -  
 Ht / Wt -

*PR 120  
BP 100/60  
RR 20  
Temp 37.5*

### Treatment

- Momet 50mg - 1 only 12 hrs.
- Rentac Sy - 24 hrs
- Dressing done at patient stand to ward for observation.
- Inform to Ashok Kumar Verma

**Investigations**

*X rays  
chest  
CBE / LFT*



*[Signature]*

Name & Sign Of Doctor

**Dietary Advise & Preventive Care**

