





Ref. No.: FRR/Vinayak/10048/2024-25

Dated: 25.10.2024

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Ayush.

Sex: Male **Age:** 4 Years .

Father Name: Paramlal Kumar.

Address: Siddarth Vihar Ghaziabad Uttar Pradesh (U.P.).

Diagnosis: Approx 40% Thermal Burn.

Date of Admission: 24/10/2024

Overall Analysis: The patient - Master Ayush - was brought in to our hospital by his father - Mr. Paramlal Kumar on 24th October 2024. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot milk while he was at home. His mother was boiling milk for her family, suddenly master Ayush contact with hot milk and got burnt . 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 , thigh area, back area and hips area . The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 4 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 3 Weeks of treatment.

Funds - Hospital Stay	51,000.00
Funds - RMO, Nursing, Consultants & Specialists	52,000.00
Funds - Dressing & Procedures	53,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	42,000.00
Funds - Pathology & Diagnostics	8,000.00
Total (in numbers)	210,000.00
Total (in words):	Two Lakh Ten 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		5,000.00
	Total (in numbers)	5,000.00
	Total (in words):	Five Thousand Only
Fund Requirement - TOTAL		
	Stage 1	210,000.00
	Stage 2	5,000.00
	Total (in numbers)	215,000.00
	Total (in words)	Two Lakh Fifteen Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Mater Ayush.



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

AO/AD

शैला मे

श्रीमान अध्यक्ष

मिशन ट्रिपल

सी-63 वेसमेन्ट शाउच शकश पाट - 2

नाई - दिल्ली - 49

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र

मेहदय

शबिनय निवेदन यह है मेरा नाम परमलाल है।
मे गाजियबाद मे रहता हूँ मेरी बेटा का नाम
अयूष है वह 4 साल का है। वह घर मे खेन
रहा था दुघ का वरतन उसके उपर गिर गया
वे पूरी तरह से लल गया बच्चे के इलाज
के लिए नोएडा के विनाभक हॉस्पिटल
लेकर आया दिनांक 24-10-2024 को वहाँ
पर अर्ती करवा, वहाँ पर उसके इलाज के
लिए 2 लाख 15 हजार रुपये का खर्चा
बताया गया जो कि मैं यह खर्च उठाने में
असमर्थ हूँ अतः आप से निवेदन है मेरी
के इलाज के लिए सहायता प्रदान करें।

बेटा का नाम - अयूष

उम्र - 4 वर्ष

पता - गाजियबाद

आपकी अतिकृपा होगी

आपका प्रार्थी

परमलाल

दिनांक
24-10-24

T-RAJAN

OUTSIDE MLC NO-23/06

UID-17851



A Unit of Chaudhary Nursing Home Pvt Ltd

V.H. No. 1404/24-25
Room No. 206 Category
Date of Admission 24/10/24



Name MAS TER AYUSH
S/o, D/o, W/o MR. PARAMLAL AMRWAR
Occupation
Age 4 yrs Sex M
Religion HINDU
Father's / Husband's Name
Address SIDDARTH VIHAR GHAZIA
-BAD UP
Phone Office Res
Advance Receipt No Date 24/10/24
For Rs
Name & Address of accompanying relative
Phone : Office Res
R.M.O. Dr. REENA Informed at 13:55PM
Admitting Dr. ASHOK KUMAR VERMA Informed at 13:55PM
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 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

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

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

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

Authorised Signatory



24738

EMERGENCY ASSESSMENT

M.C. Gaitral

23/06

NAME MASTEK AYUSH AGE / SEX 4y/M DATE 24/10/24 UHID 17251

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

Chief Complaints

The above child came to casualty with a/o burn injury happened at home 3 days back by spillage of hot boiling milk in night.

A/H/O - Her mother was boiling milk when it accidentally fell on him and he got burnt.

O/E → TBSA = 40% , both buttocks, neck, part thigh, paravertebral back.

Treatment

O/E → pt. is sick, weak, in pain, stable.
Admit ↓ Dr. A.K. Verma (informed)


3ml. MONOLEF 350mg IV 12hrly LAST
 9ml. AMIKACIN 100mg IV 12hrly LAST
 Syp. RANTAC 5ml QABF
 Syp. ZBUCESIC 6ml QOS
 Give ORS & plenty of fluids
 REST AS PER ADVICE

Initial Assessment & Examination
 Pulse Rate - 138/mt
 BP -
 Resp Rate - 36/mt
 Temp - 98.6 F
 Ht / Wt - 11.2 kg.

Investigations SpO2 96%
 Ans 135 mt
 As advised

TRIAGE CODE
P1 <input type="checkbox"/> RED
P2 <input checked="" type="checkbox"/> YELLOW
P3 <input type="checkbox"/> GREEN
P4 <input type="checkbox"/> BLACK

Dietary Advise & Preventive Care *Plenty of fluids*
 ORS

Name & Sign Of Doctor

 DR. A.K. VERMA
 MBBS, RMO
 Regd. No. UPMC-106703
 VINAYAK HOSPITAL, NOIDA

