





Ref. No.: FRR/Vinayak/10046/2024-25

Dated: 01.10.2024

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Mannu.

Sex: Male **Age:** 8 Years .

Mother Name: Ms. Sangeeta.

Address: Aligarh(U.P.).

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 01/10/2024

Overall Analysis: The patient - Master Mannu - was brought in to our hospital by his mother - Mrs.Sangeeta on 1st October 2024. The child has sustained electric Burn Injury due to accidentally coming in contact with high tension electric wire while playing on the terrace. He was on roof at home, high tension electric wire passing away from his home, suddenly he contacted with this wire while playing and he got burnt with it. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 35% TBSA Electric Burn Injury. The Burns is on hands area, chest area, back area, hip area, head area and legs area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 8 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 4 Weeks of treatment.

Funds - Hospital Stay	85,000.00
Funds - RMO, Nursing, Consultants & Specialists	75,000.00
Funds - Dressing & Procedures	73,000.00
Funds - Rehabilitation (Physiotherapy)	8,000.00
Funds - Medicines + Consumables + Transfusions	82,000.00
Funds - Pathology & Diagnostics	22,000.00
Total (In numbers)	345,000.00
Total (In words):	Three Lakh Forty Five 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	345,000.00
	Stage 2	5,000.00
	Total (in numbers)	350,000.00
	Total (in words)	Three Lakh Fifty Thousand Only

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



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 अध्यापक

मिशन हील

सी-63 बेसमेंट साउथ एक्सप्रेस मार्ग-2

नई दिल्ली-49

विषय-आर्थिक सहायता हेतु प्रार्थना-पत्र
सहायक

सविनय निवेदन यह है, मेरा नाम संगीता है।
मेरा निवास स्थान अलीगढ़ में स्थित है।
मेरा एक बेटा है, जिसका नाम मन्नु है।
जिसकी आयु 8 वर्ष की है। मेरा बेटा
घर की छत पर खेल रहा था अचानक
खेलते-खेलते वह छत के बराबर से जा
रही बिजली की लाइन की चपेट में आ गया
जिससे वह झुलस गया, इसके इलाज के
लिए मैं उसे नारण के विनायक हॉस्पिटल
लेकर गया और दिनांक 01-10-2024 को वहाँ
पर भर्ती कराया, वहाँ पर उसके इलाज के
लिए तीन लाख पचास हजार रुपये का खर्च
किया गया, जो कि मैं यह खर्च उठाने में
असमर्थ हूँ। अतः आपसे निवेदन है, मेरा बेटा
के इलाज के लिए सहायता प्रदान करें।

दिनांक
01-10-2024

बेटा नाम - मन्नु
उम्र - 8 वर्ष
पता - अलीगढ़

आपकी आज्ञा बंध्या होगी,
आपकी प्रार्थी
संगीता

T K R N T I N

VINAYAK HOSPITAL

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VINAYAK HOSPITAL

V.H. No. 1224/24-25
Room No. 205 Category
Date of Admission 11/10/24



A Unit of Chaudhary Nursing Home Pvt. Ltd.

Name MASTER MANNU
S/o, D/o, W/o S/o - MRS. SANGEETA
Occupation
Age 8Y Sex M
Religion HINDU
Father's / Husband's Name
Address ALICHAH, U.P.
Phone : Office Res.
Advance Receipt No. Date 11/10/24
For Rs.
Name & Address of accompanying relative
Phone : Office Res.
R.M.O. Dr. REKHA Informed at 14:34
Admitting Dr. ASHOK KUMAR VERMA Informed at 14:34
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



VINAYAK

(A Unit of Chaudhary Nursing Home Pvt. Ltd.)



VINAYAK HOSPITAL



OUTSIDE
MLL MADE
MLL-51301

24502

EMERGENCY ASSESSMENT

NAME MASTER MANU AGE / SEX 84/M DATE 1/10/24 UHID 17346

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 - 150/m.

BP - 100/60 mmHg

Resp Rate - 26/mt

Temp - 96°F

Ht / Wt -

SpO₂ - 99%

Investigations

↓

As advised

TRIAGE CODE
P1 01 RED
P2 02 YELLOW
P3 03 GREEN
P4 04 BLUE

Chief Complaints

The above patient came to casualty with H/O 35% electric contact burn & gangrenous @ hand & B/L compartment syndrome & head injury

A/H/O sustaining electric contact burn, while pt. was playing with wire on the terrace and threw wire into electric wire and then sustained burn injury caused by uncle by throwing a stick to mistook to Safdarjung hospital without 1^o treatment was done and patient was admitted there

Treatment since 5/8/24 and brought their patient

(LAMA) from Safdarjung hospital.

There was NO H/O ENT bleed / seizure / vomiting
H/O LOC ⊕, H/O Head Injury ⊕

O/E → Head Injury
 Chest & Back burn = 36%
 Rt. thigh = 6.75%
 Rt. Arm - 5%
 Left Arm - Below elbow amputation on 23/8/24
 B/L upper limb fasciotomy - 5/8/24
 Fingers of right hand (ring finger, little finger) amputated.

Dietary Advise & Preventive Care

Admit ↓ Dr. AK. Verma (Surgery).
C To be performed as Name & Sign Of Doctor
can't be contacted right now)

PoToDo.

the child is complaining of fever

Rx.

Earlier investigation.

↓

CT Head - (D)
parietal region
hemorrhagic contusion
(as mentioned in
LAMA SUMMARY)

TB. AZEE 250 mg OD

TB. PCM 250mg BD

TB. VIT-C - BD.

High PROTEIN DIET.

ORAL FLUIDS AS TOLERATED

FOLLOW THE ADVICE OF CONSULTANT

Reena Jain

DR. REENA JAIN

M.B.B.S.

Reg. No. MC-106702

VINAY HOSPITAL, NOIDA

www.missionheal.org

