





Ref. No.: FRR/Vinayak/10051/2024-25

Dated: 29.11.2024

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Roshan.

Sex: Male **Age:** 3 Years .

Father Name: Shankar Thakur.

Address: Sector 44 Noida Uttar Pradesh (U.P.).

Diagnosis: Approx 45% Thermal Burn.

Date of Admission: 29/11/2024

Overall Analysis: The patient - Master Roshan - was brought in to our hospital by his father - Mr. Shankar Thakur on 29th November, 2024. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot boiling dal while he was at home. His mother was making dal for her family, suddenly master Roshan contact with hot dal and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep upto 45% TBSA Thermal Burn Injury. The Burns is on back area, abdomen, legs area and genital area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 3 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	61,000.00
Funds - RMO, Nursing, Consultants & Specialists	52,000.00
Funds - Dressing & Procedures	53,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	47,000.00
Funds - Pathology & Diagnostics	8,000.00
Total (in numbers)	225,000.00
Total (in words):	Two Lakh Twenty 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	225,000.00
	Stage 2	5,000.00
	Total (in numbers)	230,000.00
	Total (in words)	Two Lakh Thirty Thousand Only

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



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

AO/AD

शेरा मे

श्रीमन् अध्यक्ष

मिशन ट्रील

सी-63 वेसमेन्ट शाउथ स्कूल पार्टी - 2

नई - दिल्ली - 49

विषय - आर्थिक सहायता हेतु प्रार्थना - पत्र

मेहदय

अविनय निवेदन यह है नाम संकार है । मे नौएडा
गौतम बुद्ध नगर, शौकर - 44 का निवासी हूँ
मेरा बेटा का नाम शेरा है वह 3 वर्ष का है 32 की
माँ शबना बाना शही थी बच्चा शबेलता हुए आया दान
उसके उपर गिर गया जिससे वह जल गया बच्चे
के आ इलाज के लिए नौएडा के विनायक
होस्पिटल लेकर आया दिनांक 29-11-24 यह पर
भर्ती कराया वह पर उसके इलाज के लिए 2 लाख
30 हजार रुपये का खर्चा बताया गया जो मे यह
खर्चा उठाने में असमर्थ हूँ अतः उत्तम से
निवेदन है मेरो के इलाज के लिए सहायता प्रदान
करे ।

दिनांक

28-11-24

बेटा का नाम - शेरा

उम्र - 3 वर्ष

पता - नौएडा

अपकी अतिशुपाहणी

अपकी प्राथी

संकार



25038

EMERGENCY ASSESSMENT

NAME Master Roshan Kumar AGE / SEX 3 y / M DATE 29 Nov UHID 18527

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

Chief Complaints

12:30 PM
 He accidentally falling on a hot boiling dal of kitchen at home Khapra colony Sec 44 Noida last evening at 7 PM. 12:30 PM
 - might was brought here last night. Now came for admission by father.

Initial Assessment & Examination

Pulse Rate - 132 fast
 B P - —
 Resp Rate - 32 fast
 Temp - 99.0 F
 Ht / Wt - 8'5"
 SPD - 98

Treatment

On exam G.C. good
 Superficial burn LT gluteal area, sacro-coccyx lumbosacral area & perineal area. Urine normally.
 little bit burn on perineal area.
 Extent of burn 40-45%. Superficial

Investigations

RBS 101 mg/dl

TRIAGE CODE
 P1 RED
 P2 YELLOW
 P3 GREEN
 P4 BLACK

Spoken to Dr. Lalit

Dietary Advise & Preventive Care

202

- 1. Debridement of dead hanging skin
- 2. thorough wound toilet
- 3. Medical dressing
- 4. Symp. Stages plus 2-5ml 8h IV R 30ml / 8hly
- 5. Paediatrician will be contacted on antibiotic

Adm. & Dr. Lalit Agrawal

Name & Sign Of Doctor

[Signature]
 VINAYAK HOSPITAL NOIDA
 NMC-24179

The pt. is also being admitted under Dr. Neera Yadav (informed)

Rx:

9VF RL @ 40ml/hr
9WJ. PLM 120mg IV 6hrly
9N/. AUGMENTIN 200mg IV 8hrly
Age appropriate Normal diet

9NV
CBC
LFT
KFT.

Neera

www.missionheal.org

TRADE MARK
P4 D GREEN
P4 D BLACK

302

On Examination

A General Physical Examination: Pass

Level of consciousness: 15/15

A Pulse: 130/mt BP: _____ mm/Hg Temperature 98.4F RR: 28/mt SPO₂: 98%

Pallor: _____ Icterus: _____ Cyanosis: _____

Clubbing: _____ Pedal Edema: _____ Lymph nodes: _____

Pain Score:



0
NO HURT

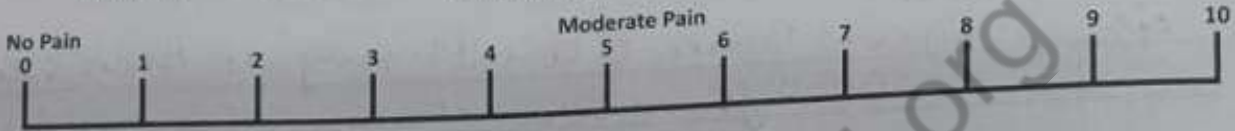
1
LITTLE BIT

2
HURTS
LITTLE MORE

3
HURTS
EVEN MORE

4
HURTS
WHOLE LOT

5
HURTS
WORST



B Systemic Examination:

Respiratory System: BIL A-E ⊕

Cardiovascular System: S1S2

Per Abdominal Examination: soft BS ⊕

Central Nervous System: conscious oriented

C Psychological Status:

Anxious / Depressed / Angry / Aggressive / Others _____

D Nutritional Status

Decreased food intake over last 3 months	Severe Loss	Moderate Loss	Mild Loss	No Loss
Weight loss in last 3 month	Don't, Know	3 Kgs.	1-3 Kgs.	No Loss
Mobility	Bed /Chair Bound	Able to, but don,t	Fully Mobile	No Mobility

E Immunization Status

BCG/OPV	DPT/OPV1,2,3,B,B,	HIB 1,2,3, B	HBV 0,1,2	ROTO 0, 1, 2	PNUEMO 1, 2, 3, B	FLU 1, 2
MEASLES / OPV	CHICKEN POX 1,2	HAV 1,2	MMR 1,2	TYPH	MENINGOCOCCAL	



DOCTOR INITIAL ASSESSMENT & PLAN OF CARE

Patient Name : IPD No..... Age/Sex

UHID No: DOC..... Vulnerable: Y N

Date / Time of Admission 29/11/24 1:45PM Specialty _____

Consultant Incharge : Dr Lalit Aggarwal Attending Doctor Dr Shreyas

Informant with Relationship : _____

Chief complaints with duration :

CS - pain at Burn site, itching at Burn site
fever on 2ft, h/weakness, poor oral intake

History of present illness :

H/o - Accidentally fall on a hot deal of karai
at home Khajuri colony Sec 44, Noida on 28/11/24 at 7PM
Sustained burn - LF gluteal area, across lumbosacral
area & perineal area, R+ ankle area.

Past Medical History :

Hypertension IHD: Diabetes: CORD: Asthma: Tuberculosis: CVA:
Thyroid Disorder: Congenital/Anomalies Renal Diseases: Others:

Past History of any surgery (Year/Procedure/Hospital/ Anesthesia :

Personal :History : Any substance abuse (Tobacco/Alcohol/Drug etc.) _____

Any Medication/Therapeutic Diet : _____

Patient Family History : Not Significant/ Congenital Anomalies / Malignancy / Tuberculosis /
Hypertension /Diabetes / Mental illness/others

Obstetric History : LMP/Menopause : _____ Gravida/Para _____

Cycle : Regular / Irregular/Others _____

Diet History : Veg _____ Non Veg _____

T RAJAN

MLC No - 3781

UHJD = 18527



VINAYAK HOSPITAL

V.H. No. 1598/24-25

Room No. 202 Catagory

Date of Admission 29/11/24



A Unit of Chaudhary Nursing Home Pvt. Ltd.

Name MASTER ROSHAN KUMAR

Unit / Consultant DR. LALIT ANARWAL

S/o, D/o, W/o MR. SHANKAR THAKUR

Occupation

Date of Discharge

Age 34 Sex M

Provisional Diagnosis

Religion HINDU

Final Diagnosis

Father's / Husband's Name

Address SEC - 44, MOJDA

Infectious nature of disease : Yes/No

Phone : Office Res.

Outcome LAMA / Stable / Improved / Cured / Died

Advance Receipt No. Date 29/11/24

Death Record filed by Dr.

For Rs.

FOR DELIVERY CASE ONLY

Name & Address of accompanying relative

Date and Time of Delivery

Phone : Office Res.

New Born : Male / Female

R.M.O. Dr. S.K. BEHERA Informed at 13:03 Pm

Birth record filed by Dr.

Admitting Dr. LALIT ANARWAL Informed at 13:03 Pm

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.

Lalk Delhi Signature of Patient / Relative

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

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

Authorised Signatory

