





Ref. No.: FRR/Vinayak/10053/2024-25

Dated: 09.12.2024

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Fatima.

Sex: Female **Age:** 7 Years

Father Name: Feroz Halder.

Address: House Number 514 Kabrala Masjid Lodhi Road Delhi.

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 04/12/2024

Overall Analysis: The patient - Baby Fatima was brought in to our hospital by her father - Mr. Feroz Haider on 4th December, 2024. The child has sustained thermal Burn Injury due to accidentally coming in contact with fire as She was playing with her friend outside the home, some children lighting crackers, suddenly fatima's clothes caught fire with these crackers and she 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 back area, hands area and hip areas. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 7 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 | 67,000.00 |
| Funds - Pathology & Diagnostics | 8,000.00 |
| Total (in numbers) | 235,000.00 |
| Total (in words): | Two Lakh Thirty 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 | 235,000.00 |
| Stage 2 | 5,000.00 |
| Total (in numbers) | 240,000.00 |
| Total (in words) | Two Lakh Forty Thousand Only |

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



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 हिल

सी-63 बेसमेंट साउथ रुक्मिणी मार्ग-2
नई दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र
महोदय,

सविनय निवेदन यह है, मेरा नाम फिरोज हैदर है। मेरा निवास स्थान लोधी रोड दिल्ली में स्थित है। मेरी एक बेटी है जिसका नाम फातिमा है। जिसकी आयु 7 वर्ष की है। मेरी बेटी घर के बाहर खड़ी हुयी थी। मोहल्ले के बच्चे वहाँ पर मटाखे जला रहे थे मटाखे की आग मेरी बेटी के कपड़े में लिपट गयी। जिससे मेरी बेटी जल गयी इसके इलाज के लिए मैं उसे नोरखा के विनायक हॉस्पिटल लेकर गया और दिनांक 04-12-2024 को वहाँ पर भर्ती कराया वहाँ पर उसके इलाज के लिए दो लाख चालीस हजार रुपये का खर्चा बताया गया जो कि मैं यह खर्च उठाने में असमर्थ हूँ, अतः आपसे निवेदन है, मेरी बेटी के इलाज के लिए सहायता प्रदान करें।

आपकी आज्ञाकारी,

आपका प्रार्थी

फिरोज हैदर

दिनांक
09-12-2024

बेटी का नाम- फातिमा

उम्र- 7 वर्ष

पता- दिल्ली

T-RAJAN

OUTSIDE MLC No - 11601

UHID-18624



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 1637/24-25

Room No. 206 Category

Date of Admission 4/12/24



Name BABY FATIMA
 S/o, D/o, W/o MR. FERAZ HAIDER
 Occupation
 Age 7 YRS Sex F
 Religion MUSLIM
 Father's / Husband's Name
 Address HNO-514, KARBALA
 MASJID LODHI ROAD DELHI
 Phone : Office Res.
 Advance Receipt No. Date 4/12/24
 For Rs.
 Name & Address of accompanying relative
 Phone : Office Res.
 R.M.O. Dr. S.K. BEHERA Informed at 13:44 PM
 Admitting Dr. ASHOK KUMAR VERMA Informed at 13:44 PM
 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. 206 to 206

On 4/12/24

Shifted from Room No. 206 to 201

On 5/12 at 9:30 AM

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



7 y 8 m 6 d / Female
 18624 B. 206
 VHIID-1637/24-25
 05-12-2024



MLE at Safdarjung
 Hosp

EMERGENCY ASSESSMENT

25096
 NAME BABY PAMMA AGE / SEX 7 / F DATE 4/12/24
 Patient Name Baby Pamma
 Age / Sex 7 y 8 m 6 d / Female
 UHIID 18624 B. 206
 VHIID-1637/24-25
 05-12-2024

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

Chief Complaints

135 PM,
 Brought by her relatives
 H/O Bawa on 22 Nov at
 home - 572, S-14
 B.W. Dutt Colony
 H/O-3, Koshi Road.

Vaccination Status

Initial Assessment & Examination

Pulse Rate - 99/m
 B.P. - 100/60
 Resp Rate - 26/m.
 Temp - 98.2 F
 Ht / Wt - 19 kg.
 SpO2 - 98%
 Investigations

Treatment

Child was playing out side
 water tank in which she
 sustained injury (blow) at
 back and both grades hip
 was taken to Safdar Jung
 Hosp. when she was admitted
 MLE was in free bed

ABTS - 136 mg/dl

UHD NO-2024/394849 - MLC -

TRIAGE CODE
 01 RED
 02 YELLOW
 03 GREEN
 04 BLACK

After treatment she was

discharged O/E G.C. good

Spoken to Dr. A.K. Verma

Fract. involving T12 level to S1
 extent of burst - back fra
 in fra scapulara upto bilateral

Dietary Advise & Preventive Care

206

Dr. A.K. Verma

Name & Sign Of Doctor

Dr. (Col) S.K. BEHERA
 CCNO
 DMC



