



Ref. No.: FRR/Vinayak/10054/2024-25

Dated: 16.12.2024

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Rabina.

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

Father Name: Ravindra Kumar.

Address:House Number 148 Sector 8 Noida Uttar Pradesh (U.P.).

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 16/12/2024

Overall Analysis: The patient - Baby Rabina - was brought in to our hospital by her father - Mr. Ravindra Kumar - on 16th December 2024. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot milk while she was at home. Her mother had kept hot milk for her family, suddenly Baby Rabina came in contact with hot milk and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 35% TBSA Thermal Burn Injury. The Burns is on back area, legs area, abdomen 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 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 3 Weeks of treatment.

Funds - Hospital Stay	51,000.00
Funds - RMO, Nursing, Consultants & Specialists	52,000.00
Funds - Dressing & Procedures	50,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	51,000.00
Funds - Pathology & Diagnostics	8,000.00
Total (in numbers)	216,000.00
Total (in words):	Two Lakh Sixteen 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		4,000.00
	Total (in numbers)	4,000.00
	Total (in words):	Four Thousand Only
Fund Requirement - TOTAL		
	Stage 1	216,000.00
	Stage 2	4,000.00
	Total (in numbers)	220,000.00
	Total (in words)	Two Lakh Twenty Thousand Only

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



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 आद्य

मिशन टोल

सी - 43 जेसेमन्ट साउथ शहरन पार्क - 2

नई - दिल्ली - 49

विषय - अर्थिक सहायता हेतु प्रार्थना - पत्र

महोदय

शुविनय निवेदन यह है। मेरा नाम शुविन्द्र कुमार है शेकर - 8 नोएडा का निवासी हूँ मेरी बेटी का नाम शबिना है, वह 2 वर्ष की है। हम घर में खेल रही थी, पार्क में ही कुछ का बर्तन रखा हुआ जिससे ठोकर लगाने से बर्तन उसके शरीर पर फलर गारा वह लल गई। इलाज के लिए नोएडा के विनायक हॉस्पिटल लेकर आया दिनांक 16-12-24 यह भर्ती कराया वह पर उसके इलाज के लिए 2 लाख 20 हजार रुपये का खर्चा बताया गया जो यह खर्चा उठाने में असमर्थ हूँ अतः आप से निवेदन है मेरी के इलाज के लिए सहायता प्रदान करें।

दिनांक
14-12-24

बेटी का नाम - शबिना

उम्र - 2 वर्ष

पता - नोएडा

आपकी अतिकृपा होगी

आपका प्रार्थी

शुविन्द्र कुमार

T-RAJAN

MLCNO-3788

UHID-18816



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 1697/24-25

Room No. 202 Category

Date of Admission 16/12/24



Name BABY RABINA

S/o, D/o, W/o MR. RAVINDRA KUMAR

Occupation

Age 2 YRS Sex F

Religion HINDU

Father's / Husband's Name

Address HNO-148, SEC-8 NOIDA

Phone : Office Res.

Advance Receipt No. Date 16/12/24

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. SK. BEHERA Informed at 9:43AM

Admitting Dr. ASHOK KUMAR VERMA Informed at 9:43AM

Charu 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 filed by Dr.

FOR DELIVERY CASE ONLY

Date and Time of Delivery

New Born : Male / Female

Birth record filed 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



MLC 3788



EMERGENCY ASSESSMENT

25189

NAME BABY RABIN AGE / SEX 2y18 DATE 16 Dec UHID 18816

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 - 120/min

BP - NR

Resp Rate - 24/min

Temp - 98.4°F

Ht / Wt - 9kg

SpO2 97%

Investigations

RBS 263mg/dl

TRIAS CODE

P1 RED

P2 YELLOW

P3 GREEN

P4 BLACK

Dir to K. Verma

202

Dietary Advise &

Preventive Care

202

Chief Complaints

9:30 AM
M/o accidentally spilling hot milk on some at 9:30 AM at 9 AM. Brought by father to hosp at 9:30 AM.

Treatment

Extent of burn 30-35% superficial scalds at Lt side infra scapular area, infra axillary area, 1/2 abd left side and up to supra pubic area. Genitalia. Initial first aid was given at Govt Hosp. Sec of G.C good. Crying bitterly. P. 130 for. RR 24/min. Temp 98.4. SpO2 97%. Lung - Air entry bil equal. Local exam - stamping burn on lower with few blisters.

Signature of Doctor

Name & Sign Of Doctor

Admit to K. Verma

VINAYAK HOSPITAL

