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Ref. No.: FRR/Vinayak/10055/2024-25

Dated: 31.12.2024

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Anmol.

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

Father Name: Neeraj Nagar

Address: Baidpura G.B.Nagar, Uttar Pradesh (U.P.).

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 30/12/2024

Overall Analysis: The patient - Master Anmol as brought in to our hospital by his father - Mr.Neeraj on 30th December 2024. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot milk while he was at home. His mother had kept boiling milk suddenly master Anmol contacted 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 and genital areas. 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	46,000.00
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)	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 Anmol .



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

AO/AD

श्रेणी में

श्रीमन् उद्यमज्ञ

मिशन हिल

2^{मी} - 63 नेशमेन्ट राउन्ड शकस पार्क - 2

नई-दिल्ली - 49

विषय - अर्थिक सहायता हेतु प्रार्थना पत्र

महोदय श्रवितय निवेदन यह है कि मेरा नाम नीरज नागर है, मेरा निवास 2^{आम} बौद्ध गौतम बुद्ध नगर मेरे बेटे का नाम अनमोल है वह 4 वर्ष का है वह घर में खेल रहा था पास में ही कुड़ाई में कुछ गरम हो रहा था अचानक वह गिर गया वहला से लल गया बच्चे के इलाज के लिए नौछटा के विनायक हॉस्पिटल लेकर आया दिनांक 30-12-24 को यहाँ पर अती कुराया वहाँ पर उसके इलाज के लिए शलाख 15 इलाक स्पये का सर्जरी बताया गया जो कि मैं यह सर्जरी उठानो में असमर्थ हूँ अतः आप से निवेदन है कि मेरे बच्चे के इलाज के लिए सहायता प्रदान करें

दिनांक

30-12-24

बेटे का नाम - अनमोल

उम्र - 4 वर्ष

पता - बौद्ध गौतम बुद्ध नगर

आपकी अतिकृपा होगी

आपका प्रार्थी

नीरज नागर

MLC NO - 3795

T. RAJAN

UHID - 19079



VINAYAK HOSPITAL

V.H. No. 1776 / 24-25

Room No. 201 Category

Date of Admission 30/12/24



A Unit of Chaudhary Nursing Home Pvt. Ltd.

Name MASTER. ANMOL NAYAR

S/o, D/o, W/o MR. NEERAJ

Occupation

Age 4 yrs Sex M

Religion HINDU

Father's / Husband's Name

Address BAIDPURA U.B. NAYAR U.P.

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. SAURABH Informed at 8:47A

Admitting Dr. ASHOK KUMAR VERMA Informed at 8:47A

Receptionist

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

Unit / Consultant DR. ASHOK KUMAR VERMA

Date of Discharge

Provisional Diagnosis

Final Diagnosis

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

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

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

Authorised Signatory

NH-1, Sector-27, Atta, Noida-201301

Tel. No. : 0120-4504400, 2444222, 2444333 / Website : www.vinayakhospitalnoida.com



25317

EMERGENCY ASSESSMENT

NAME MIAMI ANMOL NAGAR AGE / SEX 47 / M DATE 30/12/2024 UHID 19079

Personal History

Alcohol / Smoking / Tobacco

Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History N/A

Current Medication

Vaccination Status

Complete

Initial Assessment & Examination

Pulse Rate - 82/hr

B P - 90/60 mm Hg

Resp Rate - 24/hr

Temp - 98.6 F

Ht / Wt - 21 kg

SpO₂ - 94%

Investigations

BS 2 / FU

Chief Complaints

@ 8:20 hr

Pt. Brought to casualty 'z A/I/O Burn, while playing near hot milk, he fell on containers today 30/12/2024, ~~near~~ approx 7:00 pm at his home. Brought to casualty by father Mr. Neeraj Nagar. R/O. Baidpura, Gandom Bada La Nagar, U.P. 203207.

Treatment

MC - Pt. Conscious, oriented, crying.
C/E: Burn at B/L buttocks, lower back, Rt flank from mid thigh to armpit, genital area. Deep scald burn TBSA \approx 30-40%.
S/E: CVS - SIS out
CNS - Active, conscious / RIS - B/L AE out
PIA - Soft

TRIAGE CODE

P1 RED

P2 YELLOW

P3 GREEN

P4 BLACK

DR

DRESSING done under all Aseptic Precautions

- 2 pint Lignocaine 2%, oint MENTHAZ;
- oint - T. BACT.
- JVD RL @ 150 ml/hr. for first 8 hours
- 70 ml/hr for next 16 hours

Name & Sign Of Doctor (AS)

- INJ. MONOCEF 500 mg IV 12 hourly
- INJ. AMICACIN, 150 mg IV 12 hourly
- SIP. EDUGESTIC PLUS 5ml PO 8 hourly

Dietary Advise & Preventive Care

High Protein diet

For Appointment Call 0120-4504400

INJ. NEOMOL 30 ml IV SOS



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