





Ref. No.: FRR/Vinayak/10058/2024-25

Dated: 27.01.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Prince.

Sex: Male **Age:** 1 Years 5 Months.

Father Name: Surajchand.

Address: Sector 42 Noida Uttar Pradesh (U.P.).

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 27/01/2025

Overall Analysis: The patient - Master Prince - was brought in to our hospital by his father - Mr. Surajchand on 27th January 2025. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot water while he was at home. His mother was making food for her family, suddenly Master Prince came in contact with hot water accidentally 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 area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 1.5 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	43,000.00
Funds - Rehabilitation (Physiotherapy)	3,000.00
Funds - Medicines + Consumables + Transfusions	52,000.00
Funds - Pathology & Diagnostics	12,000.00
Total (In numbers)	213,000.00
Total (In words):	Two Lakh Thirteen 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	2,000.00
Total (in numbers)	2,000.00
Total (in words):	Two Thousand Only
Fund Requirement - TOTAL	
Stage 1	213,000.00
Stage 2	2,000.00
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 Prince.



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

श्रीमन् अध्यक्ष

मिशन ट्रील

सी-63 बेसेमन्ट शाउथ स्ट्रिट पट्टे-2

नई दिल्ली-49

विषय - अर्थिक सहायता हेतु प्रार्थना-पत्र

शुविन्नम निवेदन यह है, मेरा नाम सुरज चंद है। मेरा निवाहनस्थान सेक्टर 2 पुर नोएडा में स्थित है। मेरे बेटे का नाम प्रिंस है, वह 1.5 वर्ष का है। वह घर में खेल रहा था। पार्श्व में ही गरम पानी रखा था। अचानक वह उस पानी में गिर गया जिस बखरा से जल गया। बच्चे के इलाज के लिए मैं उस नोएडा के निवायक डॉ. स्पीडन लेकर गया। ओर दिनांक 27-1-25 को वहाँ पर भर्ती कराया। वहाँ पर उसके इलाज के लिए 2 लाख 15 हजार रुपये का खर्चा बताया गया जो कि मैं यह खर्च उठाना में असमर्थ हूँ। अतः आपसे निवेदन है। मेरे बेटे के इलाज के इलाज के लिए सहायता प्रदान करें।

दिनांक
27-1-25

आपकी अनिच्छा होगी
आपका प्रार्थी
सुरज चंद



22230

EMERGENCY ASSESSMENT

NAME Maske Prince AGE / SEX 1.57 / Male DATE 27.01.25 UHID 18257

- 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 - 116/mnt
 B P - 115 / 70 mm
 Resp Rate - 20
 Temp - 102.4 F
 Ht / Wt -
 169 m, 27 kg

Investigations

SpO2 - 97%
 RBS - 114 mg/dl

Dietary Advise & Preventive Care

Chief Complaints

The above child come to Casualty with
 1/2 - Scald burn injury happened last week
 23.1.2025 at 7. Pm at home - HOT WATER Burn
 Initial treatment taken locally, come to
 Vinayak hospital today for further treatment of
 Burn injuries

Treatment

A/H/O - Scald burn injury over both
 buttocks & lower limb = 35% TBSA

O/E - Pain and itching at burn site
 Adm in DR. Ashok Velnes (Infant.)

Inj. Monocel 200 IV 12 hourly
 Inj. Amlexan 60 IV 12 hourly
 Inj. Re e 300mg 8 hourly
 Sp. Pex 5ml Tds
 Dress as above
 Advise to
 Dr. Ganabhi
 Menon

Name & Sign Of Doctor

DR. ICCSIA, K. SETHIA
GUM



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 1857/24-25

Room No. 202 Category

Date of Admission 27/01/25



Name MASTER PRINCE

S/o, D/o, W/o MR. SURAJ CHAND

Occupation

Age 1 YRS 5 Mths Sex Male

Religion HINDU

Father's / Husband's Name

Address SEC - 42, NOIDA U.P.

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. REENA Informed at 12:30

Admitting Dr. ASHOK KUMAR VERMA Informed at 15:30

Chauhan
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.

Suraj

Signature of Patient / Relative

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

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

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

Authorised Signatory

