





Ref. No.: FRR/Vinayak/10057/2024-25

Dated: 20.01.2025

### PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Master Vishnu.

**Sex:** Male **Age:** 2 Years 9 Months.

**Father Name:** Rakesh Kumar.

**Address:** Salarpur Noida Uttar Pradesh (U.P.).

**Diagnosis:** Approx 20% Thermal Burn.

**Date of Admission:** 20/01/2025

Overall Analysis: The patient - Master Vishnu - was brought in to our hospital by his mother on 20th 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 slipped with hot water bucket and child was behind, suddenly Master Vishnu 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 20% TBSA Thermal Burn Injury. The Burns is on face area, neck area, back area and arms 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 9 months, 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	71,000.00
Funds - RMO, Nursing, Consultants & Specialists	62,000.00
Funds - Dressing & Procedures	63,000.00
Funds - Rehabilitation (Physiotherapy)	8,000.00
Funds - Medicines + Consumables + Transfusions	62,000.00

Funds - Pathology & Diagnostics	15,000.00
<b>Total (in numbers)</b>	<b>281,000.00</b>
<b>Total (in words):</b>	<b>Two Lakh Eighty One Thousand Only</b>
<b>Fund Requirement - Follow Up</b> 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
<b>Total (in numbers)</b>	<b>4,000.00</b>
<b>Total (in words):</b>	<b>Four Thousand Only</b>
<b>Fund Requirement - TOTAL</b>	
Stage 1	281,000.00
Stage 2	4,000.00
<b>Total (in numbers)</b>	<b>285,000.00</b>
<b>Total (in words)</b>	<b>Two Lakh Eighty Five Thousand Only</b>

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



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

AO/AD

शेवा मे

श्रीमान अध्यक्ष  
मिशन ट्रील

सी-43 वेस्टमन्ट शांरुथ शहरन पाई - 2

नई - दिल्ली 49

विषय-आर्थिक शहायता हेतु प्रार्थना पत्र  
भद्रोदय

शुबिनय निवेदन यह है कि मेरा नाम शंकर  
कुमार है, मेरा निवास स्थान शंकरपुर है, मेरे  
बेटे का नाम विष्णु है, वह 2 वर्ष का है मेरी  
पत्नी गर्भ पानी की बाल्टी लेकर जा रही थी  
उसके पीछे मेरा बेटा खेल रहा था अचानक  
मेरी पत्नी का पैर फिसल गया जिस कारण  
मेरा बेटा उस गर्भ पानी से लल गया बच्चे  
के इलाज के लिए नौछाके विनामक डॉ. पी. एल  
लेकर आया दिनांक 20-1-25 को यहाँ पर  
अर्थात् उसका इलाज के लिए 2 लाख  
85 हजार रूपय को शर्तित किया गया जो  
कि मैं यह शर्त उठाना में असमर्थ हूँ अतः  
आप से निवेदन है कि मेरे बच्चे के इलाज के  
लिए शहायता प्रदान करें ।

दिनांक

20-1-25

बेटे का नाम विष्णु  
उम - 2 वर्ष

पता - शंकरपुर

आपकी आतिकृपा होगी

आपका प्रार्थी

शंकर कुमार

T-RAJAN

MLC No-3799

UHID-19456



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 1863/24-25
Room No. 206 Category
Date of Admission 20/1/25



Name MASTER VISHNU
S/o, D/o, W/o MR. RAKESH KUMAR
Occupation
Age 2 YRS 9 MONTHS Sex M
Religion HINDU
Father's / Husband's Name
Address RAJDHANI FOLDING PILAR No 90
MAIN DADRI ROAD NEAR SAZARPUR POLICE CHOWKI NOIDA
Phone : Office Res.
Advance Receipt No. Date 20/1/25
For Rs.
Name & Address of accopanying relative
Phone : Office Res.
R.M.O. Dr. REENA Informed at 15:29PM
Admitting Dr. ASHOK KUMAR VERMA Informed at 15:29PM
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. 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



25471

## EMERGENCY ASSESSMENT

NAME MRS. VISHNU AGE / SEX 249 male DATE 20-1-25 UHID 19950  
Male

**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 - 131/min

B P - MM

Resp Rate - 27/min

Temp - 98.6°F

Ht / Wt -

SpO<sub>2</sub> - 99%

**Investigations**

↓ RBS - 532 mg/dL

advised

**TRIAGE CODE**  
 P1  RED  
 P2  YELLOW  
 P3  GREEN  
 P4  BLACK

**Chief Complaints**

The above mentioned child was brought by his mother at 3:15 PM on 20-1-25.

A/H/O incident happened with her mother at home at 2:00 PM, the mother was carrying boiling water in bucket when she slipped and his child was behind her, so he got burnt with that boiling water spillage.

**Treatment**

The incident happened at Rajdhand fielding, Near Salarpur police chaurki, Pilla 90. Main dadu Road.

O/E - Burn on face, neck, both upper arm and back ~ 20% TBSA.

Admit to Dr. A.R. Verma (Informed)

- ON. EFFCORLIN 25 IV 12hrly
- ON. DEXA 1/2 amp IV 12hrly
- ON. TAZACT 1500 mg IV 12hrly
- ON. AMIKACIN 100mg IV 12hrly
- ON. PAIN 25ml IV 2hrly
- ON. PROMETAC 1/2 amp IV 2hrly
- ORF RL/ - 600ml in 1st 8hrs

Ret 600 ml in next 16hr

**Name & Sign Of Doctor**

PEDIA REFERRAL TO BE DONE

*R*  
**Dr. REENA JAIN**  
 M.D., RMO

Dietary Advise & NPO Preventive Care till further order.

Reg. No. UPMC-106763

