



Ref. No.: FRR/Vinayak/10060/2024-25

Dated: 01.03.2025

### PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Master Karan Das.

**Sex:** Male **Age:** 3 Years .

**Father Name:** Jitendra Das.

**Address:** B-2 B House Number 204 Janakpuri Delhi.

**Diagnosis:** Approx 30% Thermal Burn.

**Date of Admission:** 01/03/2025

**Overall Analysis:** The patient - Master Karan Das was brought in to our hospital by his father - Mr. Jitendra Das on 1st March 2025. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot rice water while he was at home. His mother was making food for her family, suddenly Master Karan contacted with hot rice water and 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, 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 3 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 2 Weeks of treatment.

Funds - Hospital Stay	42,000.00
Funds - RMO, Nursing, Consultants & Specialists	42,000.00
Funds - Dressing & Procedures	41,000.00
Funds - Rehabilitation (Physiotherapy)	3,000.00
Funds - Medicines + Consumables + Transfusions	41,000.00
Funds - Pathology & Diagnostics	8,000.00
<b>Total (In numbers)</b>	<b>177,000.00</b>
<b>Total (In words):</b>	<b>One Lakh Seventy Seven Thousand Only</b>

**Fund Requirement - Follow Up**

Please find below the detailed fund requirement for Follow Up period of 1.5 Month Post Discharge.

<b>Funds - Follow Up Visits &amp; Dressings</b>		<b>3,000.00</b>
	<b>Total (in numbers)</b>	<b>3,000.00</b>
	<b>Total (in words):</b>	<b>Three Thousand Only</b>
<b>Fund Requirement - TOTAL</b>		
	<b>Stage 1</b>	<b>177,000.00</b>
	<b>Stage 2</b>	<b>3,000.00</b>
	<b>Total (in numbers)</b>	<b>180,000.00</b>
	<b>Total (in words)</b>	<b>One Lakh Eighty Thousand Only</b>

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



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

श्रीमन् अष्टभुज  
मिशन हील

सी-63 जेसेमन्ट साउथ शहरन पार्ठे - 2

नई दिल्ली - 49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

शरविनय निवेदन यह है, मेरा नाम जितेंद्र दास है, मेरा निवाहन स्थान जनकपुरी दिल्ली है, मेरा बेटे का नाम करन दास है, वह 3 वर्ष का है वह घर में खेल रहा था पार्ठे में गरम चावल का पानी रखा था पार्ठे में गीर के लज गया जिरत बलदासे बच्चे के इलाज के लिए में उसे नोएडा के विभाजक डॉर-पीठल लेकर आया और दिनांक 1-3-2025 को यहाँ पर अती रश्या, वहाँ पर उसके इलाज के लिए 1 लाख 80 हजार रुपये का रबची बताया गया, जो कि मैं यह रबची उभाने में असमर्थ हूँ अतः आपसे निवेदन है मेरे बेटे के इलाज के लिए सहायता प्रदान करें

दिनांक  
1-3-25

आपकी अतिकृपा होगी  
आपका प्रार्थी  
जितेंद्र दास



25828

## EMERGENCY ASSESSMENT

NAME MAST. KARAN DAS AGE / SEX 34 / M DATE 01/03/2025 UHID 20184  
@ 7:15 Am.

### 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 - 102 bpm.

B P - 100 / 66 mmHg.

Resp Rate - 26/min.

Temp - 98.8 F.

Ht / Wt - 10 kg.

SPO<sub>2</sub> - 99% @ RA

Investigations

233 134

### TRIAGE CODE

P1  RED

P2  YELLOW

P3  GREEN

P4  BLACK

Dietary Advise & Preventive Care

High Protein diet

### Chief Complaints

Pt. Brought to casualty 2 A/H/O Burns, which happened yesterday 28/2/25 at approx 6:30 Am, at his home when he fell into Bowl of rice and water. Pt was taken to Mata Guvi Hospital Tilak Nagar, from where after initial aid he was Referred to DDU hospital, Hari Nagar, from where he was seen by

### Treatment

JR Plastic surgery, and Referred to Sabdarjung Hospital I/V/O unavailability of Burn ward. Pt was seen on O.P.D. basis in Sabdarjung Hospital.

No h/o LOC/seizures/fever/vomiting.

U/E - Scald Burns 2-3" on Back,  BIL Buttocks,  Back or BIL Thighs,  Perineal area spared.

TBSA ≈ 30-32%

RL - Stable, conscious, oriented.

SIE - CVS J. NAD P/A Soft BS  CNS RIS. BIL AE

→ Admit Pt. in Burn ward ↓ Dr. A.K. Verma.

### Name & Sign Of Doctor

Rx - JND. MONOCEF 250 mg IV 12 hourly (AS-7)  
- JND. AMFACIN 50 mg IV 12 hourly.

P.T.O.

T. RAJAN MLC No-3810

UHID - 20184



VINAYAK HOSPITAL

V.H. No. 2078/24-25

Room No. 202 Catagory

Date of Admission 1/08/25



A Unit of Chaudhary Nursing Home Pvt. Ltd.

Name MASTER. KARAN DAS

S/o, D/o, W/o MR. JITENDRA DAS

Occupation

Age 3 4% Sex M

Religion HINDU

Father's / Husband's Name

Address B-2 B H.No-204 JANAKPURI DELHI

Phone : Office Res

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

Phone : Office Res

R.M.O. Dr. SAURABH Informed at 7:19 AM

Admitting Dr. ASHOK KUMAR VERMA Informed at 7:19 AM

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

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

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

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

Authorised Signatory

