







Ref. No.: FRR/Vinayak/1036/2019-20

Dated: 21/01/2020

PROFORMA INVOICE / FUND REQUISITION REPORT:

'Raah Foundation'

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Aarohi .

Sex: Female Age: 4 Months .

Father Name: Mr.Sadanand.

Address: Lakarpur Shiv Durga Vihar H. No. 70.

Diagnosis: Approx. 25% Thermal Burn.

Date of Admission: 21/01/2020

Overall Analysis: The patient - Baby Aarohi was brought in to our hospital by her father - Mr.Sadanand on 21st January 2020. The child has sustained Thermal Burn Injury due to accidentally coming in contact with fire while she was at home. The child was sleeping at home and contacted with fire in blanket through fire candle so that she burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 25% TBSA Thermal Burn Injury. The Burns are on face, head area and hands area . The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 4 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. Chest Physiotherapy sessions and Pressure Garments would also be advised to achieve the best possible results against a possible pulmonary collapse and for a contracture and scar free recovery .

Visuals:



Fund Requirement - During Hospital Stay

Please find below the detailed fund requirement for the first 4 Weeks of treatment.

Funds - Hospital Stay(Ward & ICU)	98,500.00
Funds - RMO, Nursing, Consultants & Specialists	67,500.00
Funds - Dressing & Procedures	1,25,000.00
Funds - Rehabilitation (Physiotherapy)	7,000.00
Funds - Medicines + Consumables + Transfusions	1,20,000.00
Funds - Pathology & Diagnostics	22,000.00
Total (in numbers)	4,40,000.00
Total (in words):	Four Lakh Forty 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		10,000.00
Total (in numbers)		10,000.00
Total (in words):		Ten Thousand Only
Fund Requirement - TOTAL		
Stage 1		4,40,000.00
Stage 2		10,000.00
Total (in numbers)		4,50,000.00
Total (in words):		Four Lakh Fifty Thousand Only

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



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

AO/AD

सेवा में,
श्रीमान अध्यापक
महेश कश्यप
सी-13 बेरामपेट साउथ-एक्सप्रेस मार्ग-2
नई-दिल्ली-49

विषय — आर्थिक सहायता हेतु प्रार्थना-पत्र

महोदय,
सर्वप्रथम निवेदन यह है, मेरा नाम सदानन्द है,
मेरा निवास स्थान लकड़पुर शिवदुर्गा बिहार
हरियाणा में स्थित है, मेरी एक बेटी है जिसका
नाम आरोही है, जिसकी आयु चार महीने की
है, मेरी बेटी आरोही घर में आग लगने के कारण
जल गयी, उसके इलाज के लिए मैं उसे जोरडा
के विजायवत हॉस्पिटल लेकर गया और दिनांक
२१-०१-२०२० को वहाँ पर भर्ती कराया वहाँ पर
उसके इलाज का खर्च चार लाख पचास हजार
रुपये बनाया गया, जो कि मैं यह खर्च उठाने
में असमर्थ हूँ, अतः आपसे निवेदन है कि
मेरी बेटी के इलाज के लिए सहायता प्रदान करें।

दिनांक
२१-०१-२०२०

बेटी का नाम - आरोही
उम्र - ५ महीने

पता - लकड़पुर शिवदुर्गा
बिहार हरियाणा

आपकी आभारपूर्वक,
आपका प्रार्थी

सदानन्द

Sadanand





**VINAYAK
HOSPITAL**

CASE SHEET

A Unit of Chaudhary Nursing Home Pvt. Ltd.)
NH-1, Sector-27, Atta, Noida-201301

Website : www.vinayakhospitalnoida.com



VN No. 1202511 Ward/Bed STL Name BBBY ARUN Age/Sex 7/f

Consultant/Ref Dr. A.K. V. RUP DOA 21/1/20

PROGRESS NOTES

21/01/2020

CLSB Dr. A.K. V. RUP

Old Case thermal burn in
small baby



BW

Primarily no in Suffering

CLC =



whole scalp

whole Face

loss of nose

- B/L hand burn

TBSA = 18% (Deep)

adv - Dressing done

= Symp. Calcium (2ml) - BD

Symp. Lincol 2ml - QD

Symp. Cooen 1.5ml - BD

Symp. Zincovit (Pur) 2ml - QD

fractionation of burn



VINAYAK HOSPITALTM

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

Website : www.vinayakhospital.org.in

V.H. No. 1902511/19-20
Room No. 511 Category
Date of Admission 21/01/20

Name BABY NARONI
S/o, p/o, w/o MR. SUDANAND
Occupation
Age 4 MONTH Sex F
Religion HINDU
Father's / Husband's Name
Address LAKAR PUR SHIV DURGHA
VIHAR H. NO-70
Phone : Office Res.
Advance Receipt No. Date
For Rs.
Name & Address of accompanying relative
FATHER (SUDANAND)
Phone : Office Res.
R.M.O. Dr. S.K. BEHERA Informed at 12:19 PM
Admitting Dr. A.K. VERMA Informed at 12:19 PM
Receptionist

Unit / Consultant DR. A.K. 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.

Sudanand
Signature of Patient / Relative

Discharge Date Time Bill No. / R.No. Dated
For Rs. Received / Refundable after adjustment of advance Rs.

Authorised Signatory





