





Ref. No.: FRR/0027/11-17/2017-18

Dated: 03.11.2017

PROFORMA INVOICE / FUND REQUISITION REPORT:

PROJECT UNNATI*

(A Bihar Burn & Trauma Research Center Pvt. Ltd. Initiative)

Patient Name: Master Yug Vajpayee.

Sex: Male Age: 2 Years.

Father's Name: Sri Raghvendra Vajpayee.

Address: Ghadi Chowkhandi Sabjee Mandi Sector 68 Noida 201301.

Diagnosis: Approx 30% TBSA, Thermal Burn.

Date of Incident :2nd Nov 2017.

Date of Admission: 03rd Nov 2017.

Overall Analysis:

The patient - Master Yug Vajpayee was brought in to our Noida Unit by his Father - Sri Raghvendra Vajpayee at 3PM on 03rd November 2017. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot tea while he was at home. As a result of the incident Master Yug Vajpayee has sustained mostly 2nd & 3rd Degree Deep 30% TBSA Thermal Burn Injury. Yug Vajpayee has seriously injured his stomach area, genital area, thighs and legs. The injury is of a grave nature and might become life threatening if ignored. We will manage the child conservatively applying wound dressing and debridement procedures to close the wound as early as possible. Surgical Skin Grafting would be required at a later stage. Physiotherapy sessions would also be advised to achieve the best possible results and for a contracture free recovery.



Fund Requirement - During Hospital Stay

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

Funds - Hospital Stay	30,000.00
Funds - RMO, Nursing, Consultants & Specialists	30,000.00
Funds - Dressing & Procedures	70,000.00
Funds - Rehabilitation (Physiotherapy)	15,000.00
Funds - Medicines + Consumables + Transfusions	78,000.00
Funds - Pathology & Diagnostics	25,000.00
Total (in numbers)	2,48,000.00

Total (in words):		Two Lakh Fourty Eight 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		18,000.00
Total (in numbers)		18,000.00
Total (in words):		Eighteen Thousand Only
Fund Requirement - TOTAL		
Stage 1		2,48,000.00
Stage 2		18,000.00
Total (in numbers)		2,60,000.00
Total (in words):		Two Lakh Sixty Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Master Yug Vajpayee.



For Burn & Trauma Research Center
 (A Division of Bihar Burn & Trauma Research Center Pvt. Ltd.)
 5th Floor, Vinayak Hospital, Sector 27, Atta Market,
 NH - 1, Noida - 201301 (UP) www.burntreatment.in

AQ/AD

श्रीमान

महर्षि कन्सर्न

C-63, बैसमेंट

साद्वध एम्स - 2

नई दिल्ली

विषय - मेरे बेटे युग के इलाज हेतु
आर्थिक सहायता के लिए प्रार्थना पत्र

सविनय

निवेदन है कि मेरा नाम रघुवेंद्र वाजपेयी
है। मैं गढ़ी-चौखन्डी, सब्जी मण्डी, सेक्टर-68
नोएडा का निवासी हूँ।

दिनांक- 02-11-17 को सुबह के बख्त मेरा
बेटा (जिसका नाम "युग वाजपेयी" है उम्र- 2 वर्ष है)

खेलते-2 चाय के भगौने में गिर गया।

चाय गर्म होने के कारण उसका वारीर ठुरी
तरह झूलस गया। दिनांक- 3-11-17 को मैं

मेरे बेटे को इलाज के लिए नोएडा के "बर्न एण्ड
ट्रामा रिसर्च सेंटर" में इलाज हेतु ले गया। जहाँ

उसके इलाज के लिए 2 लाख 60 हजार का
खर्चा बताया गया है। श्रीमान मैं इतना खर्चा
देने में असमर्थ हूँ। मेरी आर्थिक स्थिति बहुत
खराब है।

अतः श्रीमान आपसे निवेदन है कि आप मुझे मेरे बेटे
के इलाज हेतु आर्थिक सहायता प्रदान करें।

प्राणी

रघुवेंद्र वाजपेयी



Burn & Trauma Research Centre

(A Unit of Bihar Burn & Trauma Research Centre Pvt. Ltd.)
5th Floor, Vinayak Hospital, NH-1, Sector - 27,
Atta Market, Noida - 201301, Uttar Pradesh (India)

Admission Registration

Patient Registration No.:	B-188	
Date & Time of Admission:	03-11-2017	3:00 Pm
Patient's Name:	Master YUG Kumar VAJPAYEE	
Patient's S/o, D/o, W/o, H/o:	RAGHVENDRA VAJPAYEE	
Patient's Sex:	MALE	
Patient's Age:	2 Years	
Patient's Religion & Nationality:	HINDU/INDIAN	
Patient's Address & Contact:	120 VILLAGE- GARHI CHAUKHANDI SABJI MANDI. SECTOR- 68, NOIDA GAUTAM BUDDH NAGAR - 201301	
Nearest Police Station:	Sector- 71	
Patient's ID Proof Details:		
Attendant's Name:	RAGHVENDRA	
Attendant's S/o, W/o, D/o, H/o:	GRISH SHANKAR	
Relationship (Patient):	FATHER	
Attendant's Address & Contact:		
Attendant's ID Proof Details:		
Accident Place, Date & Time:	Sector- 68, 02/11/17 7:00 Am	
Previous Treatment Record:		
MLC Details:		

DECLARATION:

I/We hereby declare & undertake that the information provided in this performa is true to the best of my/our knowledge. I/We have been made to understand by the hospital staff that my/my/our patient's ailment (burn) is critical and its treatment is laden with the risk of life. I/We am getting myself/my/our patient admitted here at my own risk and will. In a possible case of my/my/our patient's permanent disability or death (Sudden or gradual) no doctor or staff of the hospital will be blamed or held responsible by me/us. I/We have been explained the cost of treatment by the hospital staff and during the course of my/my/our patient's treatment. I/We will ensure that all hospital, pharmacy, diagnostic & miscellaneous bills are never unduly challenged and paid on time by me/us. I/we also hereby undertake and agree to follow all the rules and regulations of the hospital and to co-operate with the hospital (BTRC) staff, local police and the government for any MLC (Medico Legal Case) formality and requirements. I/We also hereby undertake that I/We will be solely responsible for my/our valuables personal items & Belongings during my presence in the premises of BTRC & Vinayak Hospital.

Name & Signature (Patient / Attendant)

[Signature]

Name & Signature (Witness)

Doctor Incharge:

Ward Details:

Advance Received:

Patient Category:

Any Other:

Signature (Staff - BTRC)

Consent Form For Operation And Procedures

Name. MASTER yun .Son/Daughter/Wife. RAWHVENDRA
Age. 24/MALE Bed/Ward. 508..

Informed consent

Authorization for medical treatment and performance of surgical operation and / diagnostic /therapeutic procedures.

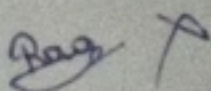
1. I, the undersigned, a patient ICU /Ward of the patient in BTRC Hospital Noida authorize Dr. Swarab Kumar Gupta and whomsoever he may designate to administer such treatment as necessary and perform the following medical treatment surgical operation and diagnostic

2. The nature and purpose of the operation and/or procedure ,the necessity thereof, the possible alternative methods of treatment , prognosis ,the risks involved and possibility of complication [known and unforeseen] have all been fully explained to me to my satisfaction and fully understand the same .

3. It has been explained to me that during the course of the above said operation/procedure, unforeseen conditions may be revealed/encountered with, which may necessitate additional surgical or other emergency procedure, different from those contemplate and consented to at the time of initial diagnostic . I therefore authorised the above designated staff to perform such addition surgical or other procedure as they deem necessary or desirable.

4. I further give consent to administration of such drug, infusions, plasma and blood transfusion, or any other investigation, treatment ,procedure as deemed necessary in judgement of the medical staff.

5. I state that I am having history of



- a. Heart Disease Yes/No Yes h. Jaundice Yes/No No
b. Hypertension Past/Present Yes/No No i. Steroid Therapy Yes/No No
c. Diabetes Yes/No No j. Alcohol Consumption Yes/No No
d. Respiratory Problem Yes/No No k. Known Allergies Yes/No No
e. Bleeding Disorder Yes/No No l. Complication of previous Yes/No No
f. Seizure Disorder Yes/No No

6. I have also been explained that any operation or procedure involves risks and hazards which may be serious or even fatal. I hereby declare that in the event of any mishap, accident or complication, I will not hold any member of the hospital team personally liable for any penal action.

7. I have been given an opportunity to ask any question and I have also been given the option to ask for second opinion.

8. I have been explained the following can be the complications during and after the operation.

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.....

9. I acknowledge that no guarantee and promises have been made concerning the result of any operation/ procedure/ treatment.

10. I also give consent to disposal by hospital authorities of any diseased tissues or parts thereof which have to be removing during the course of operative procedure / treatment.

11. I certify that the statement made in the above consent form have been read over and explained to me in the language I fully

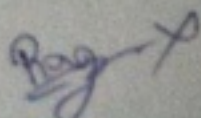




CHART FOR ESTIMATING SEVERITY OF BURN WOUND

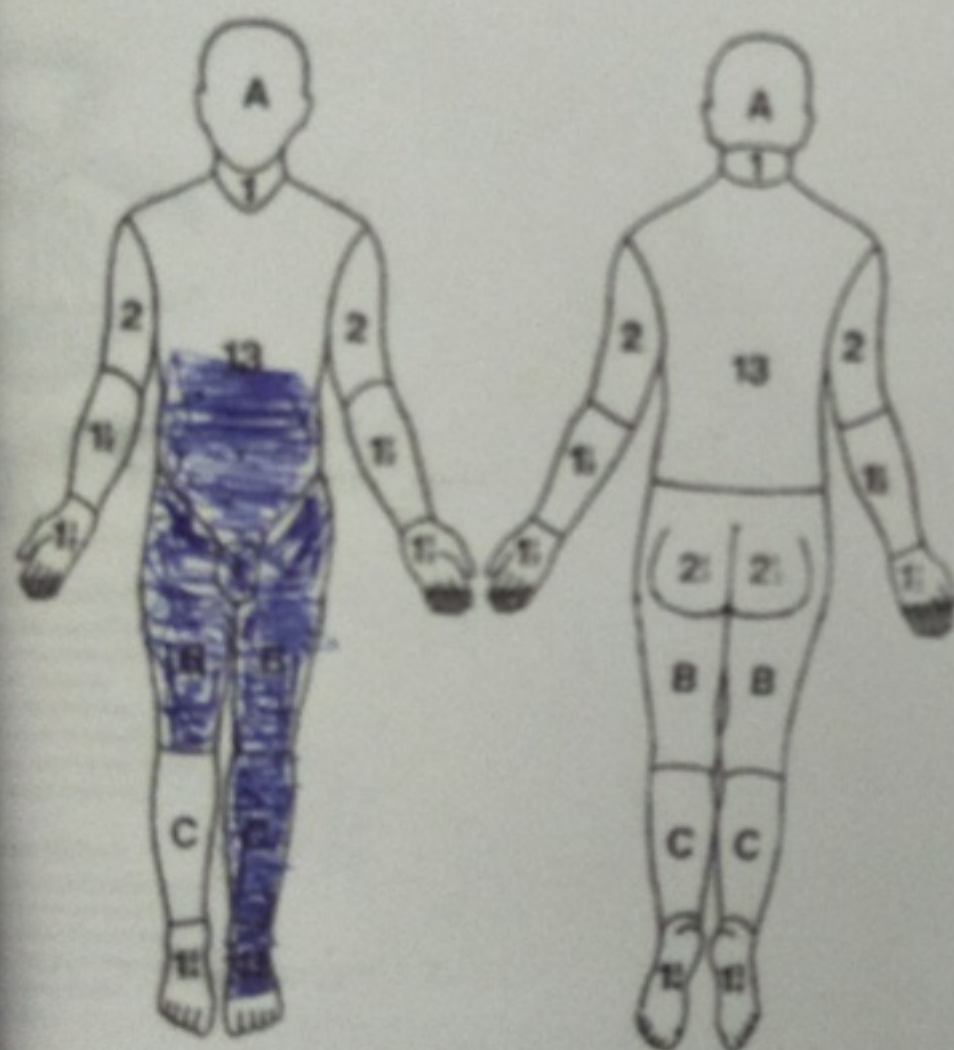
NAME MOM YUB WARD 508 NUMBER B-188 DATE 5.11.17

AGE 2720/10 ADMISSION WEIGHT _____

LUND AND BROWDER CHART

IGNORE
SIMPLE ERYTHEMA

Partial thickness loss
(PTL)
Full thickness loss
(FTL)



REGION	%	
	PTL	FTL
HEAD		
NECK		
ANT. TRUNK		
POST. TRUNK		
RIGHT ARM		
LEFT ARM		
BUTTOCKS		
GENITALIA		
RIGHT LEG		
LEFT LEG		
TOTAL BURN	30%	

RELATIVE PERCENTAGE AGE OF BODY SURFACE AREA
AFFECTED BY GROWTH

AREA	AGE 0	1	5	10	15	ADULT
A=1/2 OF HEAD	9%	8%	6%	5%	4%	3%
B=1/2 OF ONE THIGH	2%	3%	4	4%	4%	4%
C=1/2 OF ONE LEG	2%	2%	2%	3	3%	3%

and and Browder chart for estimating the size of burn as a percentage of body surface area.

