



Ref. No.: FRR/Vinayak/1061/2020-21

Dated: 03.02.2021

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Harshita .

Sex: Female Age: 4 years .

Father Name: Mr. Anil Kumar Sharma.

Address: Sector 86 Noida, Gautam Budh nagar (U.P.) .

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 03/02/2021

Overall Analysis: The patient - Baby Harshita - was brought in to our hospital by her father - Mr. Harshita - on 3rd Feb. 2021. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot cooking oil while she was at home. Her mother was warming cooking oil for making food suddenly she contacted with that oil and she burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 30% TBSA Thermal Burn Injury. The Burns are on left and right legs 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 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 (ICU and Ward)	24,500.00
Funds - RMO, Nursing, Consultants & Specialists	26,500.00
Funds - Dressing & Procedures	62,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	76,000.00
Funds - Pathology & Diagnostics	12,000.00
Total (in numbers)	205,000.00

Total (in words):

Two Lakh Five Thousand 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	205,000.00
Stage 2	10,000.00
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 Baby Harshita .



For Vinayak Hospital

[A Division of Vinayak Hospital]

5th Floor, Vinayak Hospital, Sector 27, Atta Market,

NH - 1, Noida - 201301 (UP)

AQ/AD

सेवा में

श्रीमान आर्यभट्ट

भदर कानून

सी-63 वेनगेट स्ट्रीट, नया पुरा-2

नई दिल्ली-49

विषय - दार्शनिक सहायता हेतु प्रार्थना पत्र

महोदय,

सविनय निवेदन यह है, मेरा नाम अनिल कुमार शर्मा है, मेरा निवास स्थान सेक्टर-26 नोएडा में स्थित है, मेरी स्त्री बेटी है, जिसका नाम हर्षिता शर्मा है, जिसकी आयु चार वर्ष की है, मेरी पत्नी घर में खेल रही थी, आप्रचानक खेलते-खेलते वह बगिचे में रखे गर्म तेल के पास पहुँच गई, जिससे वह जल गयी, उसके इलाज के लिए उसे नोएडा के मिनायक हॉस्पिटल ले जाया गया और दिनांक 03-02-2021 को वहाँ पर भर्ती कराया, वहाँ पर उसके इलाज के लिए दो लाख रुपये का खर्च बताया गया, जो कि मैं वह खर्च चुकाने में असमर्थ हूँ, आपसे निवेदन है कि मेरी बेटी के इलाज के लिए सहायता प्रदान करें।

आपकी प्रति कृपा होगी।

दिनांक

03-02-2021

मेरा नाम - हर्षिता शर्मा

उम्र - 4 वर्ष

पता - सेक्टर-26 नोएडा

(अभिभावक)

आपका प्रार्थी

अनिल कुमार शर्मा



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2003094/20-21

Room No. 510 Category

Date of Admission 03/02/2021



Name BABY. HARSHITA SHARMA Unit / Consultant DR. ASHOK KUMAR VERMA

S/o, D/o, W/o MR. ANIL KUMAR SHARMA

Occupation

Age 4 YRS Sex F

Religion HINDU

Father's / Husband's Name

Address SEC - 86, NOIDA

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

(FATHER)

Phone : Office Res.

R.M.O. Dr. ASHUTOSH Informed at 03:16 PM

Admitting Dr. ASHOK KUMAR VERMA Informed at 03:16 PM

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 of any.

Signature of Patient / Relative

Date of Discharge

Provisional Diagnosis

Final Diagnosis

Infectious nature of disease : Yes/No

Outcome : MIA / 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.



9776

EMERGENCY ASSESSMENT

NAME BABY HARSHITA AGE / SEX 4/F DATE 3/2/21 UHID 25623

Personal History

Alcohol / Smoking / Tobacco
Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

JTHER

Menstrual History

Current Medication

Vaccination Status

Initial Assessment & Examination

Pulse Rate - 100bnt

B P - 1

Resp Rate - 22

Temp - 98.6 F

Ht / Wt - 10 kg

Chief Complaints

Pl's brought to Casualty

H/O - Thermal Burn on 02/02/2021.

2 c/o - Scald burn over B/L Lower Limb.

- Multiple large Blister formation over lower limb.

- High grade fever 3 morning Pain at Burning site.

- Burning sensation over Burning site.

- Poor oral intake.

- Gen. discomfort.

Treatment

TBSA = 12%. Superficial to deep.

Adv - Admission to Dr. A.K. Verma.

Plan - Wound debridement & LA & Blister removal.

Ap - Syt Augmentin 1000 3ml TDS Stop.

- Syt Ibuprofen 3ml TDS

- Syt At 2 3ml OD

- Dressing

- 200 ml @

Name & Sign Of Doctor

[Signature]

CASUALTY MEDICAL OFFICER
VINAYAK HOSPITAL

Dietary Advise & Preventive Care

Soft Diet

CVS - 2, 5

CVS - 100

RS - 20 B / min

Temp - 98.6 F / 35.4

RBS - 76 mg/dl

- Zj. Amikacin 150mg BD
- Zj. Augmentin 500mg BD.
- Zj. Pantop 20 mg 2000
- Zj. Dynapar 30mg 2x stat 1800.

CASUALTY MEDICAL OFFICER
VIN. K. HOSPITAL
KODAI

www.motherconcern.org

