



Ref. No.: FRR/Vinayak/1005/2021-22

Dated: 27.12.2021

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Khushi .

Sex: Female **Age:** 3 years .

Father Name: Mr.Shakur.

Address: Behlolpur Chhijarsi Sector 63 Noida(U.P.).

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 27/12/2021

Overall Analysis: The patient - Baby Khushi - was brought in to our hospital on 27th December 2021. The child has sustained Thermal Burn Injury due to accidentally coming in contact with fire flame. Her mother was making food suddenly she contacted with fire and was 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 face area, neck 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 3 Weeks of treatment.

Funds - Hospital Stay	55,000.00
Funds - RMO, Nursing, Consultants & Specialists	45,000.00
Funds - Dressing & Procedures	52,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	52,000.00
Funds - Pathology & Diagnostics	12,000.00
Total (in numbers)	220,000.00

Total (in words):

Two Lakh Twenty 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	3,000.00
Total (in numbers)	3,000.00
Total (in words):	Three Thousand Only
Fund Requirement - TOTAL	
Stage 1	220,000.00
Stage 2	3,000.00
Total (in numbers)	223,000.00
Total (in words):	Two Lakh Twenty Three Thousand Only

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



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

AO/AD

शेता जी,

श्रीमान अध्यक्ष

गदर कंग्रेस

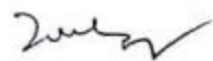
पी 63 लेसमेन्ट साउथ वुस्स पार्ट-2

नई दिल्ली 49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

गोहोदय -

भविनय निवेदन यह है। की मेरा नाम शकुल है। मेरा निवास देहलीलपुर फाइट प्रेजेंट छिस्मार्ट क्वैटर 63 नौशडा भूपी में स्थित है। मेरी एक बेटी है। जिसका नाम शकुली है। जिसकी आयु तीन वर्ष है। मेरी बेटी घर में खेल रही थी। तभी अचानक मेरी बेटी आग के समीप में आ गई और जल गई जिसके कारण मैं उसे नौशडा के विनायक हॉस्पिटल लेकर गया और वहां दिनांक 27-12-2021 को वहां पर भर्ती कराया वहां पर उसके इलाज के लिए दो लाख तेईस हजार रुपये का खर्चा बताया गया है। जो की मैं खर्च उठाने में असमर्थ हूं अतः आपसे निवेदन है। की मेरी बेटी की सहायता प्रदान करें।



बेटी का नाम - शकुली

उम्र - तीन वर्ष

पता - देहलीलपुर फाइट

प्रेजेंट छिस्मार्ट क्वैटर

63 नौशडा भूपी

आपकी अति कृपा होगी

आपका प्रार्थी

शकुल

दिनांक
27-12-2021

MLC-NO-3448

UHID-P-211628



VINAYAK HOSPITAL™

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

V.H. No. 2105116/21-22

Room No. 504 Category

Date of Admission 27/12/2021

Name BABY KHUSHI

S/o, D/o, W/o MR. SHAKUR

Occupation

Age 3 Sex F

Religion

Father's / Husband's Name

Address BEHLOLPUR, FIVE PERCENT

CHHISARSI SEC-63 NOIDA U.P.

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative BROPIER

MOND. AZAD

Phone : Office Res.

R.M.O. Dr. ASIF Informed at 9:38 PM

Admitting Dr. A.K. VERMA Informed at 9:38 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 if any.

Signature of Patient / Relative

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

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

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

Authorised Signatory



13902

EMERGENCY ASSESSMENT

NAME Baby Khushi AGE / SEX 03Y/F DATE 27/12/21 UHID _____

Personal History

Alcohol / Smoking / Tobacco
Chewing / other

Chief Complaints

@ 9:38 pm.

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication

Vaccination Status

A. 3 years old female baby patient brought to the casualty by her mother & relatives. A/H/O Flame Burn while her mother was cooking food at near Bahadurpur sector 63, Noida U.P. at approx

Initial Assessment & Examination

Pulse Rate - 100 bpm

B.P. -

Resp Rate - 30 bpm

Temp - 98.6 °F

Ht / Wt - 11 kg.

SPO2 - 96% on RA

Investigations

RBS - 143 mg/dL

HEC - 5.2

CRIS - 10.5 mg/dL

S. R/L AEG

A. Soft R/L

Treatment

8:30 am



CIF. Burn on whole face including R/L Ear.

- Neck, Trunk, umbilical region.

C/O. - Pain & Burning sensation on Burn site.

A. Superficial to Deep flame Burn TBSA $\approx$ 27%.

Adm

Patient Admitted to

~~Emergency~~ casualty, Dr. A.K. Verma (Surgeon)

Dressing was Done & Silencing Nitrate & Cox Jelling

W/ EFCONLIN 25 mg - i/v BD.

W/ TAZAR 1100 mg - i/v BD

W/ RENTAC 10 mg - OD.

W/ PCM 165 mg - TDS

Name & Sign Of Doctor

IV FLUID - RL @ 40ml/hr for 1st 8 hours

then Next 16 hours 30ml/hr. PTO.

Dietary Advise & Preventive Care

1/PO will further order.

