





Ref. No.: FRR/Vinayak/1081/2020-21

Dated: 19.07.2021

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Sahar .

Sex: Female **Age:** 6 years .

Father Name: Mr.Mohd. Riyajudeen.

Address: H.No.34 Gali Number 1,Bhangel Noida G.B. Nagar (U.P.).

Diagnosis: Approx 45% Thermal Burn.

Date of Admission: 19/07/2021

Overall Analysis: The patient - Baby Sahar was brought in to our hospital by her father - Mr.Mohd. Riyajudeen on 19th July 2021.The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot milk while she was at home. Her mother was warming milk when suddenly she contacted with hot milk and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 45% TBSA Thermal Burn Injury. The Burns is on right hand area, abdomen, chest, back area and legs. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 6 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	58,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	72,000.00
Funds - Pathology & Diagnostics	12,000.00
Total (in numbers)	2,46,000.00

Total (in words):

Two Lakh Forty Six 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	4,000.00
Total (in numbers)	4,000.00
Total (in words):	Four Thousand Only
Fund Requirement - TOTAL	
Stage 1	2,46,000.00
Stage 2	4,000.00
Total (in numbers)	2,50,000.00
Total (in words):	Two Lakh Fifty Thousand Only

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



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

AO/AD

सेवा में, श्री मान्. अध्यक्ष

मदर कन्सर्न साउथ इन्डियन पार्क-2

नई दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय - सविनय निवेदन यह है कि मेरा नाम मोहम्मद

रियाजुद्दीन है मेरा निवास स्थान - घर नम्बर - 34 गली

नम्बर - 01, भंगोल नोरगडा है मेरी एक लड़की है जिसका

नाम शहर है जिसकी आयु 6 वर्ष है। (19/07/2021)

की सुबह मेरी पत्नी दुब ठाम कर रही थी मेरी लड़की

वही खड़ी थी तभी दूध का बर्तन गिर गया और

मेरी लड़की जल गई जिसके इलाज के लिये मैं

उसके चोरगुडा के विनायक हॉस्पिटल लेकर गया (19/07

2021) को भर्ती कराया वहा पर उसके इलाज के

ठारु लाख रुपये का खर्च बरपाया गया जो कि मैं

खर्च उठाने में असमर्थ अतः आपसे निवेदन है।

कि सहायता प्रधान करे आपकी अति कृपा

होगी।

नाम बेटी - शहर

उम्र - 6 वर्ष

पता - घर नम्बर - 34

गली - 01

भंगोल नोरगडा

आपका प्रार्थी

रियाजुद्दीन



दिनांक
(19/07/2021)



EMERGENCY ASSESSMENT

12042

NAME BOBBY SANNAR AGE / SEX F / 10 DATE 10.7.21 UHID

Chief Complaints

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 - 130mt

B P -

Resp Rate - 28mt

Temp - 98.6 F

Ht / Wt - 12 kg

SpO2 - 92%

Investigations

Brought by father

M/o. Bailing with spilled on the body of the little girl. The bailing with pot was on table - child was playing near by.

Date 10.7.21 Place - Bhawal

Local exam at home HNO 34

Gali 1 NOIDA

Treatment

① Full thickness skin burn
② RT axilla, ③ RT Arm upto elbow
④ LT Neck thigh ⑤ Entire back below upper scapular area to level of iliac crests; B/L.

child is cooperative. G.C. good.

Extent of BURN 60%.

- ① Sy. T.T. 0.5ml IM
- ② Sy. Dymopa 100mg deep IM stat - and 605
- ③ Symp Ibuprofen plus 7.5ml TDS
- ④ Symp 1400mg 7.5ml TDS
- ⑤ Symp macrolit 10ml OD

Name & Sign of Doctor

Dietary Advice & Preventive Care

P50

Admit to DR AK Verma

DR. BEHERA
DMC
VINAYAK HOSPITAL
Reg No. MBBS
500



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2101665/21-22
Room No. 511 Category 19/07/21
Date of Admission



Name BABY SAHAR
S/o, D/o, W/o MOHA RIYAJUDDIN

Occupation

Age 06 YRS Sex F

Religion

Father's / Husband's Name

Address H. NO- 34 CHALI NO-1

BHANGEL NOLLA

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. S. K. BEHERA Informed at 12:05 PM

Admitting Dr. ASHOK VERMA Informed at 12:05 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. ASHOK 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

(6) W.R.L. 600ml Shiley drain

(7) Manual drain

△ ~~GUTTER~~
BURNS \rightarrow 60


Behera

DR. (COL) S. K. BEHERA
CCMO MBBS
DMC Reg No. 48048
VINAYAK HOSPITAL, NOIDA

www.motherconcern.org

