



Ref. No.: FRR/Vinayak/1019/2022-23

Dated: 02.07.2022

## PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Baby Sapna .

**Sex:** Female **Age:** 1 year 6 months

**Father Name:** Mr.Harvansh Kumar.

**Address:**189 Kailash Gali Gate Aligarh (U.P.)

**Diagnosis:** Approx 30% Thermal Burn.

**Date of Admission:** 02/07/2022

**Overall Analysis:** The patient - Baby Sapna - was brought in to our hospital by her father - Mr.Harvansh Kumar - on 2nd July 2022. The child has sustained Thermal Burn Injury due to accidentally coming in contact with boiling milk while she was at home. Her mother was warming milk for family suddenly baby sapna contact with this hot milk and she got 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 right legs, chest area and abdomen area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 1 Year and 6 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.

### Visuals:



### Fund Requirement - During Hospital Stay

Please find below the detailed fund requirement for the first 2 Weeks of treatment.

Funds - Hospital Stay	47,000.00
Funds - RMO, Nursing, Consultants & Specialists	48,000.00
Funds - Dressing & Procedures	46,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	35,000.00
Funds - Pathology & Diagnostics	5,000.00
<b>Total (in numbers)</b>	<b>185,000.00</b>

**Total (in words):**

**One Lakh Eighty Five 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	5,000.00
Total (in numbers)	5,000.00
Total (in words):	Five Thousand Only
Fund Requirement - TOTAL	
Stage 1	185,000.00
Stage 2	5,000.00
Total (in numbers)	190,000.00
Total (in words):	One Lakh Ninety Thousand Only

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



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

AO/AD

मेरा मे;

श्रीमान अध्यक्ष

महेश कानून

सी 63 लेसमिन्ट स्थापना स्वस्थ पार्टी - 2

जई दिल्ली - 49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय -  
श्रुतिनय निवेदन यह है। कि मेरा नाम हरवंश कुमार है। मेरा निवास 189 कैलाश गली दिल्ली गेट कोइल अलीगढ़ में स्थित है। मेरी शूक लेटी है। जिसका नाम सपना है। जिसकी आयु शूक साल छह महीने है। मेरी लेटी घर में रखे रखी थी तभी अचानक मेरी लेटी गर्म दूध के समपर्क में आ गई और पल गई जिसके कारण मैं उसे नौखंडा के विनायक हॉस्पिटल लेकर गया और वहां दिनांक 02-04-2022 को वहां पर धर्ती कराया वहां पर उसके डॉक्टर के लिख शूक लारव नहले हप्ता रूपमें का रच्यो बताया गया है। जो कि मैं यह रच्यो उठाने में असमर्थ हूं अतः आपसे निवेदन है। कि मेरी लेटी की सहायता प्रदान करें।

लेटी का नाम - सपना

उम्र - शूक साल छह महीने

पता - 189 कैलाश गली दिल्ली गेट कोइल अलीगढ़

आपकी अति कृता होगी

आपका साध्वी

हरवंश

हरवंश

दिनांक  
02-04-2022



## EMERGENCY ASSESSMENT

NAME 15801 BABY SAPNA AGE / SEX 01/F DATE 2.7.20 UHID P220357

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 170 per

B P -

Resp Rate 32 per

Temp 98.6 of

Ht / Wt - 5Ks.

680292 g.

Investigations

Robbing mg

Treatment

old dressing changed.

Exposed burn from ax level  
up to nipple up to umbilical level.

superficial burn

30% burn

She was 5 days clavium sup  
symp ran, symp proper.

G.c. good afebrile

to ORB + packet - to consume  
from now -

② Detail of will be given by  
Dr. AK Verma

202

Dietary Advise &  
Preventive Care

Name & Sign Of Doctor

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

M2C NO. 2135/22

UHID NO - P2203552

(SAR DARTUNG Hospital New Delhi).  
**VINAYAK HOSPITAL**

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

V.H. No. 22-01560/22-23

Room No. 201 Category

Date of Admission 02/07/22

Name BABY. SAPNA

S/o, D/o, W/o MR. HARVANSI KUMAR

Occupation

Age 01 YRS Sex

Religion HINDU

Father's / Husband's Name

Address 189 KAILASH GALI DELHI

GATE KOLL ALIGARH U.P. 202001

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name &amp; Address of accompanying relative

FATHER

CHARVANSI KUMAR

Phone : Office Res.

R.M.O. Dr. S.K. BEHERA Informed at 09:50 AM

Admitting Dr. ASHOK VERMA Informed at 09:50 AM

Tinkal

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

