



Ref. No.: FRR/Vinayak/1007/2021-22

Dated: 17.01.2022

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Vanya .

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

Father Name: Mr.Karan Sharma.

Address: 23 D Pocket -2 MiG Mix Housing Mayur Vihar Phase -3 East Delhi.

Diagnosis: Approx 25% Thermal Burn.

Date of Admission: 17/01/2022

Overall Analysis: The patient - Baby Vanya was brought in to our hospital by her father - Mr.Karan Sharma on 17th January 2022. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot water while she was at home and she got burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 25% TBSA Thermal Burn Injury. The Burns are on legs area and back 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 2 Weeks of treatment.

Funds - Hospital Stay	55,000.00
Funds - RMO, Nursing, Consultants & Specialists	50,000.00
Funds - Dressing & Procedures	52,000.00
Funds - Rehabilitation (Physiotherapy)	2,000.00
Funds - Medicines + Consumables + Transfusions	52,000.00
Funds - Pathology & Diagnostics	8,000.00
Total (in numbers)	219,000.00
Total (in words):	Two Lakh Nineteen 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	6,000.00
Total (in numbers)	6,000.00
Total (in words):	Six Thousand Only
Fund Requirement - TOTAL	
Stage 1	219,000.00
Stage 2	6,000.00
Total (in numbers)	225,000.00
Total (in words):	Two Lakh Twenty Five Thousand Only

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



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

AO/AD

भौता जी,

श्रीमान आदर

सादर कन्यार्ण

श्री 63 लिम्बोत आठुषा बबस पाल - 2

नई दिल्ली - 99

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय - अतिनय निवेदन यह है। कि मेरी नाम करण शर्मा है।
मेरा निवास 231 पॉकेट - 2 MZ6, MZ7 हाउसिंग गैरुर
विहार फ़ैज - 3 पूर्वी दिल्ली में स्थित है। मेरी स्त्री, लेली
है। जिसका नाम वन्या शर्मा है। जिसकी आयु तीन
वर्ष है। मेरी लेली घर में खिल रही थी। वही उसी
नक मेरी लेली वर्म पानी के समारक में आ गई और
अल गई जिसके कारण मैं उसे नौकर के तिनारक,
हॉस्पिटल लेकर गया और वहां दिनांक 14-01-2022
को वहां पर शर्ती कराया वहां पर उसके इलाज के लिए
दो लाख पच्चीस हजार रुपये का खर्च उठाना
पड़ा है। जो कि मैं यह खर्च उठाने में असमर्थ
हूँ अतः आपसे निवेदन है। कि मेरी लेली को
सहायता प्रदान करें।

लेली का नाम - वन्या शर्मा

उम्र - तीन वर्ष

पता - 231 पॉकेट - 2 MZ6, MZ7

हाउसिंग गैरुर विहार फ़ैज - 3

पूर्वी दिल्ली

04/24

आपकी अति प्रार्थना होगी

आपका प्रार्थी

करण

दिनांक

14-01-2022



14066

EMERGENCY ASSESSMENT

NAME MR. RORY VANVA AGE / SEX 34 / Female DATE 12/1/22 UHID 12112306

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 - 160

B P -

Resp Rate - 24

Temp - 98.6

Ht / Wt - 9 kg.

42.97%

Investigations

RBS 90 mg/dl

Treatment

O/E - Conscious / Oriented
G.C. Sick
Afebrile

Chest - B/L O/E ⊕

CVS - S1 S2 ⊕

P/A - SOB ⊕ BS ⊕

CNS - N M

Rx.

→ inj mono of 40mg - BD

→ inj Amikacin 60mg - BD

→ syp Ibuprofen 5ml - TDS

→ syp Levofloxacin 2ml - BIDS

Dietary Advise &
Preventive Care

Name & Sign Of Doctor

OUTSIDE MLC NO-162

UHID -



VINAYAK HOSPITAL™

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

V.H. No. 2105557/21-22
 Room No. 201 Category
 Date of Admission 17/01/22

Name BABY VANYA SHARMA
 S/o, D/o, W/o MR. KARAN SHARMA

Occupation

Age 03 YRS Sex F

Religion HINDU

Father's / Husband's Name

Address 23B Pocket-2 MIGI MIX

HOUSING MAYAPUR VIHAR PH-II SECTOR 27 Noida-201301

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

RELATIVE (MANOJ SHARMA)

Phone : Office Res.

R.M.O. Dr. LIVES Informed at 11:52 AM

Admitting Dr. ASHOK VERNIA Informed at 11:52 AM

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 VERNIA

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

