



Ref. No.: FRR/Vinayak/1071/2021-22

Dated: 30.04.2021

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Zoya.

Sex: Female Age: 8 years.

Father Name: Mr. Raza.

Address: G-905 Jahagirpuri Delhi.

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 30/04/2021

Overall Analysis: The patient - Baby Zoya - was brought in to our hospital by her father - Mr. Raza on 30th April 2021. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot boiling water while she was at home. The child was playing at home, while her mother was boiling water, she came in contact with hot water and suffered 2nd & 3rd degree burns. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 35% TBSA Thermal Burn Injury. The Burns are on chest area, neck 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 8 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. Chest Physiotherapy sessions and Pressure Garments would also be advised to achieve the best possible results against a possible pulmonary collapse and for a contracture and scar free recovery.

Visuals:



Fund Requirement - During Hospital Stay

Please find below the detailed fund requirement for the first 4 Weeks of treatment.

Funds - Hospital Stay(ICU and Ward)	54,000.00
Funds - RMO, Nursing, Consultants & Specialists	55,000.00
Funds - Dressing & Procedures	52,000.00
Funds - Rehabilitation (Physiotherapy)	5,000.00
Funds - Medicines + Consumables + Transfusions	64,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	2,45,000.00
Total (in words): Two Lakh Fourty 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	2,45,000.00
Stage 2	5,000.00
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 Zoya .



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

श्रीमान अधिवक्ता

सदर कन्सर्न

री-63 वेसमेंट साउथ एक्स मार्ग-2

नई दिल्ली-49

विषय- आर्थिक सहायता हेतु प्रार्थना-पत्र

महोदय

सविनय निवेदन यह है मेरा नाम राजा है
मेरा निवास स्थान जहाँगीरपुरी दिल्ली में
स्थित है मेरी एक बेटी है जिसका नाम
जोया है जिसकी आयु आठ साल की है
मेरी बेटी घर में खेलती थी आचानक
उलते-खलते वह बगीचे में रखे जर्सी पानी
के ऊपर गिर पड़ी जिससे मेरी बेटी जख
मगी इसके उपरांत के लिए मैं उसे मोरछा
के विभागक में भर्ती करवा दिया और दिनांक
30-04-2011 को वहाँ पर भर्ती करवाया वहाँ
पर उसने उसका के लिए दो लाख पचास
हजार रुपये का खर्च काया गया जो कि
मैं वह खर्च उठाने में असमर्थ हूँ, अतः आपसे
निवेदन है मेरी बेटी के उपचार के लिए
सहायता प्रदान करें!

दिनांक- 20-05-2011

30-04-2011

बेटी का नाम- जोया

उम्र- 8 वर्ष

पता- जहाँगीरपुरी दिल्ली

आपकी आति कृपा होगी!

आपका प्रार्थी

राजा



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No.

2100446 / 21-22

Room No.

510

Category

Date of Admission

30/04/2021



Name BABY, ZOYA

S/o, D/o, W/o MD. RAZA

Occupation

Age 8 YRS Sex F

Religion MUSLIM

Father's / Husband's Name

Address G-905, JAMAGIRPURI

DELHI

Phone : Office _____ Res _____

Advance Receipt No. _____ Date _____

For Rs _____

Name & Address of accompanying relative

Phone : Office _____ Res _____

R.M.O. Dr. ASHUTOSH Informed at 03:28 PM

Admitting Dr. ASHOK KUMAR Informed at 03:28 PM

(Signature)
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 KUMAR VERMA

Date of Discharge

Provisional Diagnosis

Final Diagnosis

Infectious nature of disease : Yes/No

Outcome : LAMA / Stable / Improved / Cured / Died

Death Record filed by Dr. _____

FOR DELIVERY CASE ONLY

Date and Time of Delivery

New Born : Male / Female

Birth record filed by Dr. _____

Patient shifted from Room No. _____ to _____

On _____

Shifted from Room No. _____ to _____

On _____

Shifted from Room No. _____ to _____

On _____

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 _____

Authorized Signatory