



Ref. No.: FRR/Vinayak/1082/2021-22

Dated: 20.07.2021

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Aditya.

Sex: Male **Age:** 6 Years .

Father Name: Mr.Manoj.

Address: A-366,Gali Number 8 Mandoli Ext. Delhi-93.

Diagnosis: Approx 30% Electric Burn.

Date of Admission: 20/07/2021

Overall Analysis: The patient - Master Aditya - was brought in to our hospital by his father - Mr.Manoj - on 20th July 2021.The child has sustained Electric Burn Injury due to accidentally coming in contact with 11000 Voltage wire while he was playing at home on roof so that he got electric burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 30% TBSA Electric Burn Injury. The Burns is on left hand and left leg area. 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(ICU and Ward)	55,500.00
Funds - RMO, Nursing, Consultants & Specialists	45,300.00
Funds - Dressing & Procedures	72,500.00
Funds - Rehabilitation (Physiotherapy)	3,000.00
Funds - Medicines + Consumables + Transfusions	55,700.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	247,000.00

Total (in words):

Two Lakh Fourty Seven 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	247,000.00
Stage 2	3,000.00
Total (in numbers)	250,000.00
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 Master Aditya.



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 अध्यापक

मदर कन्सर्न साउथ ख़्बस पार्क-2

नई दिल्ली - 49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय -

प्रतिनय निवेदन यह है कि मेरा नाम

मनोज कुमार है मेरा निवास स्थान ए-366 गली

नम्बर - 8 मनडोली ख़्बसट्रेन्सन दिल्ली- 93 है। मेरा

एक लड़का है जिसका नाम आदित्य कुमार है।

उसकी उम्र 6 वर्ष है (24/11/2021) बिजली की तार

से करंट लग गया और मेरा बच्चा जल गया

जिसके इलाज के लिये मैं उसे नोएडा के विनायक

हॉस्पिटल लेकर गया और (20/11/2021) को भर्ती

करवाया जहाँ पर उसके इलाज के लिये ढाई लाख

रुपये का खर्च बताया गया है जो कि मैं खर्च

उठाने में असमर्थ हूँ अतः आपसे निवेदन है कि

सहायता प्रदान करें। आपकी अति कृपा होगी।

वैदिक नाम - आदित्य

आपका प्राथमिक

कुमार

मनोज कुमार

उम्र - 6 वर्ष

मी न।

पता - ए-366, गली

नम्बर - 8 मनडोली

ख़्बसट्रेन्सन दिल्ली- 93

दिनांक
(20/11/2021)



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No.

2101688/21-22

Room No.

509

Catagory

Date of Admission

20/07/21



Name

MR. ADITYA KUMAR

S/o, D/o, W/o

MR. MANOJ KUMAR

Occupation

06 YRS

Age

Sex M

Religion

Father's / Husband's Name

A-366 QIAU NO.8

Address

HANBOLI EXTN. DELHI-93

Phone : Office

Res.

Advance Receipt No.

Date

For Rs.

Name & Address of accopanying relative

Phone : Office

Res.

R.M.O. Dr.

S.K. BEHERA

Informed at 11:53

Admitting Dr.

ASHOK

Informed at 11:53

VERMA

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

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.

AM Patient shifted from Room No. to

AM 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



EMERGENCY ASSESSMENT

12051

NAME ADITYA AGE / SEX 06/M DATE 20.7.21 UNID

Personal History

Alcohol / Smoking / Tobacco

Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication

Chief Complaints

1150 AM.
06 year old child with electrocution and injury of left thigh from ant. aspect. Wound extends to almost entire antero-lateral thigh a little above LT knee. LT joint lateral aspect torn and amputation of LT arm below elbow is brought here at same time.

Vaccination Status

Initial Assessment &

Examination

Pulse Rate - 120 / min

B P -

Resp Rate - 28 / min

Temp - 98.6 °F

Ht / Wt - 19 kg

SPO2 97%

Investigations

RBS - 104 mg/dl

Treatment

Injury occurred on 18.7.21 at 5 PM. Surgery done after 7 days.

Child was brought with old dressing. It was changed photo sent to Dr. A. K. Verma.

LT arm amputated below elbow - stump is healthy. Child is co-op, urine - bowel normal. Sp. Pain.

Inj. sent for two different plates.

- ① Inj. Rt 500ml stat
- ② Inj. Pain 40 IU. stat
- ③ Inj. Dynaper 2ml stat

Name & Sign Of Doctor

DR. (COL) S, K, BEHERA

CCMO MBBS

DMC Reg No. 48048

VINAYAK HOSPITAL, NOIDA

Dietary Advise & Preventive Care

502

Spoken to DR A K Verma

- ④ Symp Becosule 10ml o.d.
- ⑤ Meticulous cleaning done
fresh dressing applied
- ⑥ High protein diet

△ EXTENSIVE ELECTRIC BURN INJURY

- ② Amputation left arm
+ Elbow joint,

S. K. Behera

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

www.motherconcern.org

HEET

