



Ref. No.: FRR/Vinayak/1035/2022-23

Dated: 16.03.2023

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Aman .

Sex: Male Age: 8 Years 6 Months.

Father Name: Mr. Pawan.

Address: Debal Bulandshahr (U.P.).

Diagnosis: Approx 45% Thermal Burn.

Date of Admission: 16/03/2023

Overall Analysis: The patient - Master Aman was brought in to our hospital by his father - Mr. Pawan on 16th March, 2023. The child has sustained Thermal Burn Injury due to accidentally coming with firecracker. Master Aman was playing at neighbor marriage party where people were bursting crackers in huge quantity suddenly master Aman contacted with crackers fire and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 45% TBSA Thermal. The Burns is on face area, right hand, 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 8.6 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 4 Weeks of treatment.

Funds - Hospital Stay(ICU and Ward)	77,500.00
Funds - RMO, Nursing, Consultants & Specialists	72,500.00
Funds - Dressing & Procedures	69,000.00
Funds - Rehabilitation (Physiotherapy)	8,000.00
Funds - Medicines + Consumables + Transfusions	80,000.00
Funds - Pathology & Diagnostics	25,000.00
Total (in numbers)	332,000.00
Total (in words):	Three Lakh Thirty Two 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	8,000.00
Total (in numbers)	8,000.00
Total (in words):	Eight Thousand Only
Fund Requirement - TOTAL	
Stage 1	332,000.00
Stage 2	8,000.00
Total (in numbers)	340,000.00
Total (in words):	Three Lakh Forty Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Master Aman .



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

AQ/AD

सेवा में;

श्रीमान अध्यक्ष।

महान कर्मन।

सी: 63 बेस्मेन्ट साउथ रज्जस पार्क - 2।

नई दिल्ली - 49।

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय साविनय निवेदन यह है कि मेरा नाम पवन है।
मेरा निवास दिवई बुलंदशहर U.P में स्थित है। मेरा
एक बेटा है। जिसका नाम अमन है। जिसकी आयु
8.6 वर्ष है। मेरा बेटा भारत में पढ़ाई जलाते हुए
आग के सम्पर्क में आ गया और जल गया। जिसके
कारण मैं उसे नौहटा के विनायक हॉस्पिटल लेकर
आ गया और वहाँ पर उसके इलाज के लिए
3,40,000/- रुपये का खर्चा बताया गया है। जो
कि मैं यह खर्चा उठाने में असमर्थ हूँ। अतः मेरा
आपसे निवेदन यह है कि मेरे बेटे का अहायता
प्रदान करें।

Date - 16/03/23

बेटे का नाम - अमन।

उम्र - 8.6 वर्ष।

पता - दिवई बुलंदशहर U.P.

आपकी अतिकृपा होगी

आपका प्रार्थी

पवन।

पवन।

MLC NO. 1



VINAYAK HOSPITAL™

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

UHID P 2214309

V.H. No. 2206459/22-33

Room No. 203 Category

Date of Admission 16-3-23

Name MASTER AMAN
 S/o, D/o, W/o MR. PAWAN
 Occupation
 Age 8 YRS 6 MONTH Sex M
 Religion HINDU
 Father's / Husband's Name
 Address DEBBI BULANDSHAHR
U.P.
 Phone : Office Res.
 Advance Receipt No. Date
 For Rs.
 Name & Address of accompanying relative
 Phone : Office Res.
 R.M.O. Dr. MINI Informed at 1:09 PM
 Admitting Dr. ASHOK K. VERMA Informed at 1:09 PM
 Receptionist

Unit / Consultant DR. A.K. 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

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.

आशोक
 Signature of Patient / Relative

Discharge Date Time Bill No. / R.No. Dated
 For Rs. Received / Refundable after adjustment of advance Rs.

Authorised Signatory



**VINAYAK
HOSPITAL**

18727

EMERGENCY ASSESSMENT



MCC No - 33799
Outside

P2214305

NAME MASTER AMAN

AGE / SEX

8 yr 6 mo

DATE

16/3/23

UHID

Time - 01:00 pm

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 - 114 bpm

BP - 120/70 mmHg

Resp Rate - 24 bpm

Temp - 98.6

Ht / Wt - 25 kg

SpO2 95% NAHA

Investigations

- A 8 yr 6 month old male patient brought to the casualty with A/I/A to the General Burn Pt took treatment Sardarganj Hospital Meerut Delhi. (on 27/01/2023)
T.B.S.A. 45%
clo - severe burn in both legs & back
- difficulty in walking & standing

Treatment

- fever & chills

crs / am

ALV

- Admissions

Dr. A. K. Verma

Plp. Soft

Chk & med

(RBS) - 116 mg/dl

DWJ - MONOCEF 500 mg. IV 12 hr

DWJ - AMIK/ACRW 200 mg. IV 12 hr

DWJ - DYNPAR 25 mg. IV 8 hr

DWJ - PAM 20 mg 24 hr

Teb - ZINCOVIT 100 mg. 24 hr

Teb - CCZ 5 mg. 24 hr

Name & Sign Of Doctor

Dietary Advice & Preventive Care

High protein diet

CASUALTY MEDICAL OFFICER
VINAYAK HOSPITAL

