



Ref. No.: FRR/Vinayak/10050/2024-25

Dated: 20.11.2024

### PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Master Daksh.

**Sex:** Male **Age:** 2Years.

**Father Name:** Ankush Kumar.

**Address:** Sector 63 Noida Uttar Pradesh (U.P.).

**Diagnosis:** Approx. 20% Thermal Burn.

**Date of Admission:** 20/11/2024

**Overall Analysis:** The patient - Master Daksh - was brought in to our hospital by his father - Mr. Ankush Kumar - on 20th November, 2024. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot sabzi while he was at home. His mother was making sabzi for her family, suddenly Master Ankush contacted with hot Sabzi and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 20% TBSA Thermal Burn Injury. The Burns is on hands area, abdomen area and chest area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 2 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	61,000.00
Funds - RMO, Nursing, Consultants & Specialists	62,000.00
Funds - Dressing & Procedures	63,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	47,000.00
Funds - Pathology & Diagnostics	8,000.00
<b>Total (in numbers)</b>	<b>245,000.00</b>
<b>Total (in words):</b>	<b>Two Lakh Forty Five Thousand Only</b>

**Fund Requirement - Follow Up**

Please find below the detailed fund requirement for Follow Up period of 1.5 Month Post Discharge.

<b>Funds - Follow Up Visits &amp; Dressings</b>		5,000.00
	<b>Total (in numbers)</b>	5,000.00
	<b>Total (in words):</b>	Five Thousand Only
<b>Fund Requirement - TOTAL</b>		
	<b>Stage 1</b>	245,000.00
	<b>Stage 2</b>	5,000.00
	<b>Total (in numbers)</b>	250,000.00
	<b>Total (in words)</b>	Two Lakh Fifty Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Mater Daksh :



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

श्रीमन् उद्यक्ष

मदर कन्सर्न

सी-63 वेशमेन्ट साउथ स्कस पार्टी - 2

नई-दिल्ली-49

विषय - अर्थिक सहायता हेतु प्रार्थना - पत्र

मेहदय

शुविनय निवेदन यह है मेश नाम अंकुश कुमार है  
मे नोएडा गौतम बुद्ध नगर सेक्टर-63 निवासी हूँ मेश  
बेटे का नाम दक्ष उम्र 2 वर्ष का है उसकी माँ  
शबना बग रही थी बच्चा शबना हुआ था और  
शबनी के अक्षर उसके उपर गिर गया जिससे वह  
जल्दगया बच्चे के इलाज के लिए नोएडा के विनायक  
डॉर-पीटल लेकर आया दिनांक 20-11-24 यह पर भती  
क्या वह पर उसके इलाज के लिए 2 लाख 50 हजार  
रुपये का शर्चा बताया गया जो मे यह शर्चा उठाने  
में असमर्थ हूँ अतः आप से निवेदन है मेरे के इलाज  
के लिए सहायता प्रदान करें।

बेटा का नाम-दक्ष

उम्र - 2 वर्ष

पता - नोएडा

अपकी अतिमृपा होगी

अपका प्रार्थी

अंकुश कुमार

## CASE SHEET



**VINAYAK  
HOSPITAL**

(A Unit of Chaudhary Nursing Home Pvt. Ltd.)  
NH-1, Sector-27, Atta, Noida-201301

Website : www.vinayakhospitalnoida.com



IP No. .... Ward / Bed ..... Name ..... UHID No. ....

Age/Sex ..... Consultant/Unit ..... D.O.A. ....

## PROGRESS NOTES

20/11/24  
(1:00 PM)

C/S/B DOD.

C/o A/W/o been injured that occurred accidentally at home on 1/11/24 at 7:00 PM by falling into Babji while cooking in progress.

⊕/E LE - Bruise over abdomen 13%  
bruise over upper arm. 4%  
TBSA 14%.

C/o fever on & off  
pain at site of bruise  
itching at site of bruise.

BP →

PR → 122 bpm.

SpO<sub>2</sub> → 97% at RA

Temp → 100.5°F

RR → 28 cpm.

⊕/E

CVS - S<sub>2</sub> ⊕

Res - B/L AE ⊕

CNS - HMF ⊕, conscious

PIA - Soft, non tender.

Plan

- continue vitals monitoring
- Inform doc

Dr. SHREYA SHARMA

BBS, Reg. No. 17495

VHNSG/PN08/1801/22/2024 HOSPITAL, NOIDA

VINAYAK HOSPITAL, NOIDA



# VINAYAK HOSPITAL



MLL-NO-3777  
(done in Vinayak hospital)

24964

## EMERGENCY ASSESSMENT

NAME BOBY DAKSH AGE / SEX 2 / M DATE 20/11/24 UHID 18339  
11:30 AM

**Personal History**  
 Alcohol / Smoking / Tobacco  
 Chewing / other  
**Allergy**  
**Past History**  
 Diabetes / HT / IHD / TB  
 OTHER  
 Menstrual History  
 Current Medication

### Chief Complaints

The baby came with 4/0 burn injury over abdomen and both upper arm. This incident took place at home on 01/11/24 at 7:00 pm when the baby was on stairs and fell down on side where the gas was on and cooking was in progress (Sabji). The baby fell in the sabji and get burn

### Vaccination Status

### Initial Assessment & Examination

Pulse Rate - 136/hr  
 B.P. -  
 Resp Rate - 32/hr  
 Temp - 98.4°f  
 Ht / Wt - 11kg

### Treatment

4/0 - Abdomen (4 - 13)  
 Both upper arm - (4/1)

17% TBSA

0/0 - Belly has infection over abdomen. Syst. examination is normal.  
 Agent ↓ Dr. A.K. Verma (Surgery) informed

Rx

- 9ml. MONOCEF 250mg IV 12hrly
- 9ml. AMKALIN 75mg IV 12hrly
- 8 Syp. ZBUCESIC 6ml TDS
- Syp. RANITAC 3ml BD
- Syp. LL 2.5ml BD

Investigations RB 396/11/24  
 As advised

TRIAGE CODE  
 P1  RED  
 P2  YELLOW  
 P3  GREEN  
 P4  BLACK

Dietary Advise & Preventive Care  
 fluid normal diet

**Dr. REENA JAIN**  
 MBBS, BMO  
 Reg. No. BPMC-106763  
 VINAYAK HOSPITAL, NOIDA  
 Name & Sign Of Doctor

T-RAJAN

MLC No - 3777

UHFD = 18559



# VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 1547/24-25

Room No. 204 Category

Date of Admission 20/11/24



Name MASTER DAKSH

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

Occupation

Age 24 Sex M

Religion HINDU

Father's / Husband's Name

Address SEC - 63, NOIDA

Phone : Office Res

Advance Receipt No. Date 20/11/24

For Rs.

Name & Address of accompanying relative

Phone : Office Res

R.M.O. Dr. REENA Informed at 11:34 AM

Admitting Dr. ASHOK KUMAR VERMA Informed at 11:34 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 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

Discharge Date Time Bill No. / R.No. Dated

For Rs. Received / Refundable after adjustment of advance Rs.

Authorised Signatory

