





Ref. No.: FRR/Vinayak/1035/2019-20

Dated: 01/01/2020

PROFORMA INVOICE / FUND REQUISITION REPORT:

'Raah'

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Hari Kishan .

Sex: Male Age: 9 Year .

Father Name: Mr.Virendra.

Address: House Number 1759 charch caloney gali no. 9 Delhi.

Diagnosis: Approx 25% Thermal Burn.

Date of Admission: 31/12/2019

Overall Analysis: The patient - Master Hari Kishan - was brought in to our hospital by his father - Mr.Viendra on 31th December 2019.The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot oil while he was at function. The child was playing at function and contacted with hot oil when his Confectioner was preparing food so that he 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 back,hips area and legs area . The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 9 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 3 Weeks of treatment.

Funds - Hospital Stay(Ward)	57,250.00
Funds - RMO, Nursing, Consultants & Specialists	50,200.00
Funds - Dressing & Procedures	97,200.00
Funds - Rehabilitation (Physiotherapy)	6,000.00
Funds - Medicines + Consumables + Transfusions	98,050.00
Funds - Pathology & Diagnostics	26,300.00
Total (in numbers)	3,35,000.00

Total (in words):

Three Lakh Thirty 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	15,000.00
Total (in numbers)	15,000.00
Total (in words):	Fifteen Thousand Only
Fund Requirement - TOTAL	
Stage 1	3,35,000.00
Stage 2	15,000.00
Total (in numbers)	3,50,000.00
Total (in words):	Three Lakh Fifty Thousand

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



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

AO/AD

सेवा में

श्रीमान उद्धमसिंह

मदर कंसन

सी-63 वेसमेंट साउथ रज्जस पार्क-2

नई दिल्ली - 49

विषय - आविष्कृत सहायता हेतु प्रार्थना-पत्र

महोदय,

सविनय निवेदन यह है मेरा नाम विरेन्द्र है।
मेरा निवास स्थान गली नं. 9 चर्च कालोनी
दिल्ली में स्थित है, मेरा शून्क बेटा है।
जिसका नाम हरिश्चिशन है, जिसकी आयु
जो वर्ष की है मेरा बेटा हरिश्चिशन गर्म
तेल की बर्तन में गिर पड़ा जिससे मेरा
बेटा जल गया इसके इलाज के लिए मैं
उसे नोर्गुड के विनायक हॉस्पिटल लेकर गया
और वहाँ दिनांक 31-12-2019 को भर्ती कराया
वहाँ पर उसके इलाज के लिए तीन लाख पचास
हजार रुपये का खर्च बताया गया जो कि
मैं यह खर्च देने में असमर्थ हूँ, अतः आपसे
निवेदन है कि मेरे बेटे के इलाज के
लिए सहायता प्रदान करें।

दिनांक

31-12-2019

बेटे का नाम - हरिश्चिशन

उम्र - 9 वर्ष

माता - गली नं. 9

चर्च कालोनी

दिल्ली

मिबलेश

आपकी अनिच्छा से,

आपका प्रार्थी-

विरेन्द्र



VINAYAK HOSPITAL™

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

V.H. No. 1902365/19-20
Room No. 506 Category
Date of Admission 31/12/2019

Name MASTER. HARI KISHAN

S/o, D/o, W/o DR. VIRENDRA

Occupation

Age 9 YRS Sex M

Religion

Father's / Husband's Name

Address 1257 H.N. CHARCHA COLONY

LAHORE 9, DELHI

Phone : Office Res.

Advance Receipt No. Date 31/12/19

For Rs.

Name & Address of accompanying relative (MOTHER)

MRS. NITESH

.....

Phone : Office Res.

R.M.O. Dr. ASHOK SHERMA Informed at 01:42PM

Admitting Dr. ASHOK KUMAR VERMA Informed at 01:42PM

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 KUMAR 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

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

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

Authorised Signatory



EMERGENCY ASSESSMENT

4993

NAME Hari Kumar AGE / SEX 0940/m DATE 31/12/19 UHID

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 -

B P -

Resp Rate -

Temp -

Ht / Wt -

Investigations

Chief Complaints

old case of scald burn (hot oil) earlier receiving Rx from Safford Jung, Present 2

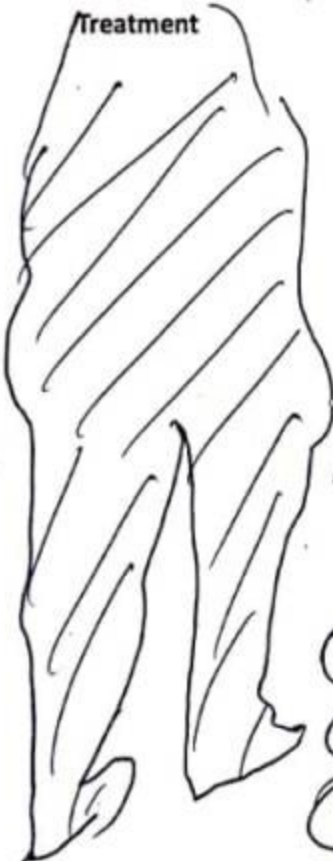
clo - large non healing wound

cross whole back (+)

B/L (+) Buttock (+)

B/L L/L upto knee

Treatment



Adv

- Admit, Tse water intake
- High protein diet

- 1) 9ml. Augmentin 600mg IV
- 2) 9ml. Dexamethasone 5mg IV
- 3) 9ml. Pan - 40 km IV
- 4) T. limece 1 tab - 10

Name & Sign Of Doctor

T. limece 1 tab - 10

TBSA

25%

(deep)

Dietary Advise & Preventive Care

B/L, L/F, R/F



