
PATIENT SOWN
OWEL

Ref. No.: FRR/Vinayak/10028/2022-23
Dated: 30.11.2022

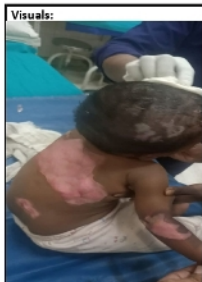
PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Harun.
Sex: Male **Age:** 11 Months.
Father Name: Mr.Jameel.
Address: 451 B Block B Metro Vihar Phase 1 North West Delhi.
Diagnosis: Approx 30% Scald Burn.
Date of Admission: 30/11/2022

Overall Analysis: The patient - Master Harun was brought in to our hospital by his father - Mr.Jameel on 30th November 2022.The child has sustained Scald Burn Injury due to accidentally coming in contact with hot tea while he was playing at home. His mother was making tea and he was playing near to her suddenly he contacted with hot tea and he got Scald burn . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 30% TBSA Thermal Burn Injury. The Burns is on Back area, hand area ,head area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 11 months 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 2 Weeks of treatment.

Funds - Hospital Stay(ICU and Ward)	35,500.00
Funds - RMO, Nursing, Consultants & Specialists	35,500.00
Funds - Dressing & Procedures	53,000.00
Funds - Rehabilitation (Physiotheraphy)	3,000.00
Funds - Medicines + Consummables + Transfusions	53,000.00
Funds - Pathology & Diagnostics	10,000.00
Total (in numbers)	190,000.00
Total (in words):	One Lakh Ninety 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	**190,000.00**
Stage 2	**5,000.00**
Total (in numbers)	**195,000.00**
Total (in words):	**One Lakh Ninety Five Thousand Only**

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

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 अध्यक्ष
मदर कन्सर्न
डी 63 सेक्टर आठ रोहिणी पार्ट - 2
नई दिल्ली - 89

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय - सविनय निवेदन यह है की मेरा नाम धामील है। मेरा निवास पडा, ब्लाक - बी, मेट्रो विहार फेस - 1 हरामवी कलां उत्तर पश्चिम दिल्ली मे स्थित है। मेरा एक बेटा है जिसका नाम हारून है जिसकी आयु ग्यारह महीने है मेरा बेटा घर मे खेल रहा था तभी अचानक मेरा बेटा गर्म चाय के सम्पर्क मे आ गया और जल गया जिसके कारण मै उसे नौरोडा के विनायक अस्पताल लेकर गया और वहां दिनांक 30-11-2022 को वहां पर भर्ती कराया वहां पर उसके ईलाज के लिए एक लाख पचानवे हजार रुपये का खर्चा बताया गया है जो की मै यह खर्च उठाने मे असमर्थ हूं अतः आपसे निवेदन है की मेरे बेटे की यथा - संभव सहायता प्रदान करे !

बेटे का नाम - हारून
उम्र - ग्यारह महीने
पता - पडा, ब्लाक - बी,
मेट्रो विहार फेस - 1 हरामवी कलां
उत्तर पश्चिम दिल्ली

आपकी अति कृपा होगी
आपका प्रार्थी
धामील

दिनांक
30-11-2022

VINAYAK HOSPITAL

NABH ACCREDITED

EMERGENCY ASSESSMENT

17710

NAME Marta HARUN AGE / SEX 11 Month DATE 30 NOV UHID

Personal History

Alcohol / Smoking / Tobacco Chewing / other ⊖

Allergy ⊖

Past History ⊖

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication

Vaccination Status: ✓

Chief Complaints

9:10 PM

- A 11 month child brought to the Casualty with H/o - scald Burn while child was playing of fell in Hot tea at home. on 25/11/22 at around (8:00 Am) as per attend

O/c u/c state

ASIS SCALD BURN 30%.

Inital Assessment & Examination

Pulse Rate - 136 /min.

B P - —

Resp Rate - 32 /min.

Temp - 98.4 °F

Ht / Wt - 8 kg.

SPO2 - 97%

Investigations

R.B.S 80 mg/dl

C/D (w Dr. Amit sir)

Treatment

cvs / wnp

P/A - soft

chest B/L AE ⊕

Adv

- Admission & Dr. Amit kumar

INJ - MONOCEF 400mg IV 12 hrs

INJ. AMIKACIN 60mg IV 12 hrs

INJ - METROGYL 80mg IV 8 hrs

INJ - PCM 80mg IV 8 hrs

INJ - PAN 10mg IV 24 hrs

IVF · RL 320ml In 1st 8 hrs then 320 ml next 16 hrs

203

Dietary Advise & Preventive Care

- High protein diet

Name & Sign Of Doctor

MLC NO- UHID: P2210389

VINAYAK HOSPITAL™

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

V.H. No. 2204404/22-23
Room No. 203 Catagory
Date of Admission 30/11/22

Name MASTER. HARUN
S/o, D/o, W/o MR. JAMEEL
Occupation
Age 11 MONTHS Sex M
Religion MUSLIM
Father's / Husband's Name
Address 451, BLOCK-B METRO VIHAR PHASE-1 HOLAMBI KALAN NORTH WEST DELHI
Phone : Office Res.
Advance Receipt No. Date
For Rs.
Name & Address of accopanying relative FATHER
Phone : Office Res.
R.M.O. Dr. S.K. BEMERA Informed at 01:06PM
Admitting Dr. AMIT KUMAR Informed at 01:06 PM

Anjali
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. AMIT KUMAR
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

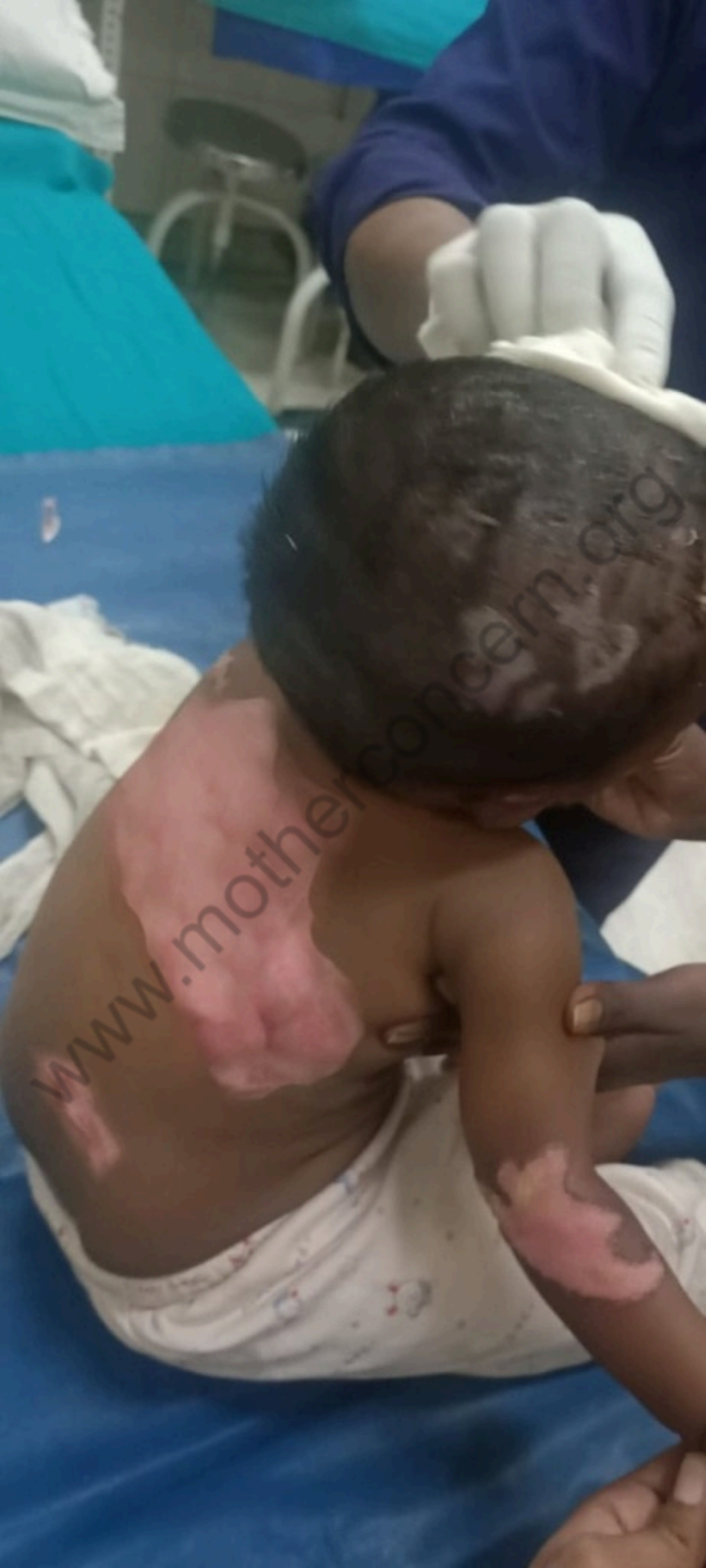
Date and Time of Delivery
New Born : Male / Female
Birth record filled by Dr.

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


www.motherconcern.org