









Ref. No.: FRR/Vinayak/1040/2020-21

Dated: 18.05.2020

## PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Hasnai.

Sex: Male Age: 1.5 Years .

Father Name: Mr.Riyazuddin.

Address: Sector 5 sharma market Noida (U.P.).

Diagnosis: Approx 25% Thermal Burn.

Date of Admission: 17/05/2020

**Overall Analysis:** The patient - Master Hasnai - was brought in to our hospital by his father - Mr.Riyazuddin on 17th may 2020. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot dal while he was at home. The child was playing at home and contacted with hot dal when his mother was making dal 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 legs area, hands area and face area . The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 1.5 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 .



### Fund Requirement - During Hospital Stay

Please find below the detailed fund requirement for the first 2 Weeks of treatment.

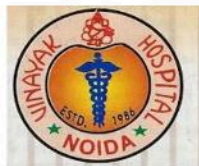
Funds - Hospital Stay(Ward)	38,750.00
Funds - RMO, Nursing, Consultants & Specialists	38,250.00
Funds - Dressing & Procedures	50,600.00
Funds - Rehabilitation (Physiotherapy)	2,000.00
Funds - Medicines + Consumables + Transfusions	52,400.00
Funds - Pathology & Diagnostics	8,000.00
Total (in numbers)	1,90,000.00
Total (in words):	One Lakh Ninty Thousand Only

**Fund Requirement - Follow Up**

Please find below the detailed fund requirement for Follow Up period of 10 Days 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	1,90,000.00
Stage 2	5,000.00
Total (in numbers)	1,95,000.00
Total (in words):	One Lakh Ninty Five Thousand Only

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



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

AQ/AD

सेना में

सीमा सहायक

मगर कस्बा

सी-63, ब्रिगेडियन्ट साउथ एम्स जेट-2

ई दिल्ली-49.

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय, स्वीकृत निवेदन है कि मेरा नाम रियासुद्दीन है मेरे बेटे का नाम हसन है जो डेढ़ साल का है जो कि गर्म पाल के पानी से जल गया जिससे मैं नौका के बिनायक हास्पिटल ले कर आया जहाँ पर उसके इलाज का खर्चा बी लाख व्यय गया जिससे मैं उठाने में असमर्थ हूँ हृष्य मेरे बेटे के इलाज में मेरी सहायता प्रदान करें।

मेरे का नाम - हसन

बेटे की उम्र - डेढ़ साल

पता - सेक्टर-5

शर्मा मार्किट नौपडा

आपकी प्रति कृपा होगी

आपका भारी

रियासुद्दीन

### EMERGENCY ASSESSMENT

size / size 1.5Mbytes

Personal history

### Chief Complaints

*Admission*

Paul H. Murray

Chatterjee / MY / SD / TR

CPT 99202

### Informational Strategy

### Language Identification

Wissenschaftlicher Status

Initial Assessment: B.

Treatment group

## References

**Political Status:**

52

### Storage Status

### Training

1995 / 1996

### Environmental problems

1971

$$E_{H_2} \mid H_2 = 0$$

chr gu tho

no solv 78

Dietary Advice & Recommendation Case

### Preventive Care

the v/a low/venting/area

① Note face of ① Brackets

9. (10)  $\frac{1}{2} \times 10 \times 10 = 50$  9. (10) 144

148

perfor. No. 1 - Continued

Name &amp; Title of Doctor:





# VINAYAK HOSPITAL<sup>TM</sup>

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

MCC- 8301

VH No. 2000197/20-21  
Room No. 510 Category  
Date of Admission 12/05/20

Name: **HASHEER HASNAI**  
Sex: **M** Age: **1.5 YRS** Date: **11**  
Occupation: **MR. RYAZOOGAN**  
Religion: **H**  
Father's / Husband's Name: **SEC. 5 SHIBRAH**  
Address: **MARKET NOIDA**  
Phone: Office \_\_\_\_\_ Res. \_\_\_\_\_

Advance Receipt No. \_\_\_\_\_ Date \_\_\_\_\_

For Rs. \_\_\_\_\_

Name & Address of accompanying relative

**MOTHER (RUKSANA)**

Phone: Office \_\_\_\_\_ Res. \_\_\_\_\_

R.M.O. Dr. **LIN TAO** Informed at **05:40 PM**

Admitting Dr. **ASHOK KUMAR VERMA** Informed at **05:40 PM**

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. \_\_\_\_\_

On \_\_\_\_\_ Patient shifted from Room No. \_\_\_\_\_ to \_\_\_\_\_

On \_\_\_\_\_

Shifted from Room No. \_\_\_\_\_ to \_\_\_\_\_

On \_\_\_\_\_

Shifted from Room No. \_\_\_\_\_ to \_\_\_\_\_

On \_\_\_\_\_

On \_\_\_\_\_

On \_\_\_\_\_

On \_\_\_\_\_

On \_\_\_\_\_

On \_\_\_\_\_

On \_\_\_\_\_

On \_\_\_\_\_

On \_\_\_\_\_

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

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

Authorised S



