





Ref. No.: FRR/Vinayak/1068/2020-21

Dated: 22.03.2021

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Kapil.

Sex: Male Age: 4 years 6 Months .

Father Name: Rajeshwar Singh.

Address: Sector 115 Noida, Gautam Budh nagar(U.P.) .

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 22/03/2021

Overall Analysis: The patient - Master Kapil - was brought in to our hospital by his father - Mr.Rajeshwar Singh on 22nd March 2021. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot vegetables while at home. His mother was heating the vegetables for making food when he fell on the boiling vegetables and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 35% TBSA Thermal Burn Injury. The Burns is on hands, back, hips and legs. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 4 years 6 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 3 Weeks of treatment.

Funds - Hospital Stay(ICU and Ward)	48,500.00
Funds - RMO, Nursing, Consultants & Specialists	47,500.00
Funds - Dressing & Procedures	48,000.00
Funds - Rehabilitation (Physiotherapy)	3,000.00
Funds - Medicines + Consumables + Transfusions	83,000.00
Funds - Pathology & Diagnostics	10,000.00
Total (in numbers)	2,40,000.00

Total (in words):

Two Lakh Forty 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	10,000.00
Total (in numbers)	10,000.00
Total (in words):	Ten Thousand Only
Fund Requirement - TOTAL	
Stage 1	2,40,000.00
Stage 2	10,000.00
Total (in numbers)	2,50,000.00
Total (in words):	Two Lakh Fifty Thousand Only

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



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 अध्यापक

सदर कृतज्ञ

सी-43 वेसमेट राउंड स्क्वियार्ड-2

नई दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र

महोदय

सविनय निवेदन यह है मेरा नाम राजेश्वर सिंह है मेरा निवास स्थान सेक्टर-115 नोरथ गौतमबुध नगर में स्थित है मेरा स्कूल बेट है जिसका नाम कपिल है जिसकी आयु साढ़े चार साल है मेरा बेटा घर में खेल रहा था तभी उसने खेलते खेलते बह बरत में रखी गमी से जो ऊपर गिर गया जिससे वह जख्म लगा उस जख्म के लिए मैं उसे नोरथ के निवास में घरेपीटल लेकर गया और दिनांक 22-04-2021 को वहाँ पर गमी कराया वहाँ पर उसके इलाज के लिए दो लाख पचास हजार का खर्च बताया गया जो कि मैं यह सब उठाने में असमर्थ हूँ अतः आपसे निवेदन है मेरे बेटे के इलाज के लिए सहायता प्रदान की जाय।

आपकी अति नम्र प्रार्थना

आपका प्रार्थी

राजेश्वर सिंह

मेरा नाम - कपिल

उम्र - 4.5 वर्ष

पता - सेक्टर-115 नोरथ

गौतमबुध नगर

(प्रुप्रीट)

10606

EMERGENCY ASSESSMENT

NAME MAST. KAPIL.

AGE / SEX 4/5 / M DATE 22/3/21 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 - 140 / min

B P - 110/70

Resp Rate - 32 / min

Temp - 98.6 F

Ht / Wt - 165 / 60

Investigations

Chief Complaints

Gr. Burn - by falling into
hot boiling curry pan. Bch
was being cooked in the
house village cholla

Time - 7:30 PM Vit Parole
bch 115 Hops WP on 16.3.21
Burn is on back side of body
below shoulder border upto buttock

Treatment on Lt side and ant. sep. erect
level on rt side which is spared
Burn is entire portion (above) back

On exam g.c. fair to good. Child is
quite co-op. Hydration good -
drinking done by silverer

20 dy r. dy. [bavon] given on 16th Mr.
dy. Momet 500mg IV. 20 dy
dy. Pain 40 Yacup IV. on

dy. 10. F P P 50ml
shaky with one MVI
ap - to continue

Admit to IIRK Veru
PTO

Name & Sign of Doctor

CCMO

DMC

Reg No. 48048

VINAYAK HOSPITAL

MLC NO! - 3352

2003788 / 2021



VINAYAK HOSPITAL™

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

V.H. No.

Room No.

Date of Admission

 2003788 / 2021
 Category Sog.
 24/03/21

Name MASTER KAPIL
 S/o, D/o, W/o MR. RAJESHWARI SINGH
 Occupation _____
 Age 4.5 YEARS Sex M
 Religion HINDU
 Father's / Husband's Name _____
 Address SEC-115 CHAUDHARI
BUDOH NAGAR
 Phone : Office _____ Res. _____
 Advance Receipt No. _____ Date _____
 For Rs. _____
 Name & Address of accompanying relative
FATHER
(RAJESHWARI SINGH)
 Phone : Office _____ Res. _____
 R.M.O. Dr. S K BEHERA Informed _____
 Admitting Dr. ASHOK Informed _____
VERMA
 Receptionist _____

Unit / Consultant DR. ASHOK 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 _____
 Sex 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 _____

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.
राजेश्वरी सिंह
 Signature of Patient / Relative

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

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

Authorised Signature _____

