



Ref. No.: FRR/Vinayak/1041/2019-20

Dated: 31.03.2020

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Lucky.

Sex: Male **Age:** 9 Months .

Father Name: Mr.Rajesh Kumar.

Address: Sector 93 Noida,Salarpur G.B. Nagar 201304.

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 31/03/2020

Overall Analysis: The patient - Master Lucky was brought in to our hospital by his father - Mr.Rajesh Kumar on 31st March 2020.The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot water while he was at home. The child was playing with his father on bed and suddenly fall down in hot water pot at home and contacted so that he burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 30% TBSA Thermal Burn Injury. The Burns are on chest area,abdomen area and both hands . The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 9 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. 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 2 Weeks of treatment.

Funds - Hospital Stay(Ward)	33,300.00
Funds - RMO, Nursing, Consultants & Specialists	38,500.00
Funds - Dressing & Procedures	55,400.00
Funds - Rehabillitation (Physiotheraphy)	2,000.00
Funds - Medicines + Consummables + Transfusions	47,300.00
Funds - Pathology & Diagnostics	8,500.00
Total (in numbers)	1,85,000.00
Total (in words):	One Lakh Eighty Five Thousand Only

Fund Requirement - Follow Up

Please find below the detailed fund requirement for Follow Up period of 1 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	**1,85,000.00**
Stage 2	**10,000.00**
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 Lucky Yash.

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

AO/AD

सेवा में,

श्रीमान मुख्यमंत्री
राहत कार्य
ई-63 सेक्टर 22 उच्च प्राथमिक विद्यालय पार्क 2
नई दिल्ली - 49

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र

महोदय, सविनय निवेदन यह है, मेरा नाम राकेश कुमार है, मेरा निवास स्थान नोएडा सेक्टर-93 कलयुग गौतम बुद्ध नगर में स्थित है, मेरा एक बेटा है जिसका नाम लक्की है, जिसकी आयु नौ महीने की है, मेरा बेटा लक्की गर्मी मानी की वजह से जल गया, उसके इलाज के लिए मैं उसे नोएडा के विनायक हॉस्पीटल लेकर गया और दिनांक 31-03-2020 को वहां पर भर्ती कराया, वहां पर उसके इलाज के लिए एक लाख पैंचानवे हजार रुपये का खर्चा बताया गया, जो कि मैं यह खर्च उठाने में असमर्थ हूँ, अतः आपसे निवेदन है कि मेरे बेटे के इलाज के लिए सहायता प्रदान करें।

दिनांक
31-03-2020

आपकी अति कृपा होगी।

आपका प्रार्थी
राकेश कुमार

बेटे का नाम - लक्की
उम्र - 9 महीने
माता - गौरव कलयुग
सेक्टर-93 गौतमबुद्ध नगर
नोएडा

VINAYAK HOSPITAL™

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

V.H. No. 1902982
Room No. 507 Catagory
Date of Admission 26/MAR/19

Name MASTER LUCKY KUMAR
S/o. D/o. W/o MR RAJESH KUMAR CHOUDHARY
Occupation
Age 9 MONTH Sex M
Religion HINDU
Father's / Husband's Name
Address SECTOR-93 NOIDA, SALARPUR G.B NAGAR 201304
Phone : Office Res. 757
Advance Receipt No. Date
For Rs.
Name & Address of accopanying relative MR RAJESH KUMAR (FATHER)
Phone : Office Res.
R.M.O. Dr. ANKUR YADAV Informed at 4:45 pm
Admitting Dr. A K VERMA Informed at 4:45 pm

Receptionist

Unit / Consultant DR A.K 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

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

Discharge Date Time Bill No. / R.No. Dated
Rs. Received / Refundable after adjustment of advance Rs.

Authorised Signatory

VINAYAK HOSPITAL

MLC outside 117/2020

6005

EMERGENCY ASSESSMENT

PUT

NAME MST LUCKY AGE / SEX 9m/m DATE 26/03/2020 UHID 190282

Personal History
Alcohol / Smoking / Tobacco Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication

Vaccination Status

Chief Complaints

OP: 3PM

Alleg - Scald Burn Injury at Home today 12:30 pm

O/E - Burn over (R) Hand . (R) side face . (R) side neck . (R) side chest. Chest - B/L AE (+)

CVS / RS

CNS

P/A - soft, BS (+)

Initial Assessment & Examination

Pulse Rate - 122 m/L

BP -

Resp Rate - 22 m/m

Temp - 98°F

Ht / Wt - 9kg

Investigations

Hb - 10.8 gm/dl

Treatment

Pt. admitted & Rx A/c Verma (Intensivist)

- Inj. Monocef 300 mg IV 12 hourly
- Inj. Normal 130 ml i/v SOS
- Inj Fluid NS 40 ml/hour 150 ml Bolus stat

SOS

Dietary Advise & Preventive Care

Name & Sign Of Doctor

CASUALTY MEDICAL OFFICER
VINAYAK HOSPITAL, NOIDA

NAME: DR. DHARMENDRA
TIME: (E)
DATE: 26/3/2020

