





Ref. No.: FRR/Vinayak/10029/2022-23

Dated: 15.11.2022

## PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Naksh Dev

Sex: Male Age: 2.5 Years

Father Name: Yashpal

Address: Vill Meetrol, Hodal, Palwal, Haryana.

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 14/11/2022

**Overall Analysis:** The patient - Master Naksh was brought in to our hospital by his father - Yashpal on 14th Nov 2022. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot milk while he was playing at home. His mother was boiling milk when suddenly he ran towards the mother and the milk fell on the patient and got 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 his chest, Back, Abdomen and both legs. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 2.5 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.

### Visuals:



### Fund Requirement - During Hospital Stay

Please find below the detailed fund requirement for the first 3 Weeks of treatment.

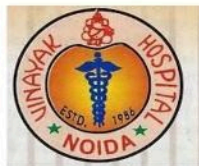
Funds - Hospital Stay(ICU and Ward)	65,000.00
Funds - RMO, Nursing, Consultants & Specialists	62,000.00
Funds - Dressing & Procedures	65,000.00
Funds - Rehabilitation (Physiotherapy)	5,000.00
Funds - Medicines + Consumables + Transfusions	65,000.00
Funds - Pathology & Diagnostics	12,000.00
<b>Total (in numbers)</b>	<b>274,000.00</b>
<b>Total (in words):</b>	<b>Two Lakh Seventy Four Thousand Only</b>

**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	6,000.00
Total (in numbers)	6,000.00
Total (in words):	Six Thousand Only
Fund Requirement - TOTAL	
Stage 1	274,000.00
Stage 2	6,000.00
Total (in numbers)	280,000.00
Total (in words):	Two Lakh Eighty Thousand Only

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



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

AO/AD

मेरे माँ,

श्रीमान अध्यक्ष  
सदर कन्सर्न  
सी 63 विसमेंट आरथ रज्जस पार्ट - 2  
नई दिल्ली - 99

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय -  
आतिथ्य निवेदन यह है कि मेरा नाम मरापल  
हूँ मेरा निवास गाँव मीटरोल, तहसील होडल  
जिला पलवल हरियाणा में स्थित है। मेरा एक  
बेटा है जिसका नाम नवश देव है जिसकी आयु  
वो साल छह महीने मेरा बेटा घर में रहने  
रहा था तभी अचानक मेरा बेटा गर्म दूध के  
असमर्थ में आ गया और चल गया जिसके  
कारण मैं उसे जोरों के विनामक अस्पताल ले  
कर गया और वहाँ दिनांक 14-11-2022 को वहाँ  
भर्ती कराया वहाँ पर उसके इलाज के लिए दो  
लाख अक्षरों हप्ता रूप से खर्च होना गया  
जो कि मैं यह खर्च उठाने असमर्थ हूँ अब  
आपसे निवेदन है कि मेरे बेटे की सहायता  
प्रदान करें!

दिनांक  
14-11-2022

बेटे का नाम - नवश देव

उम्र - दो साल छह  
महीने

पता - गाँव मीटरोल, तहसील  
होडल, जिला पलवल  
हरियाणा

आपकी अतिशयोक्ति होगी  
आपका साथी

मरापल

y. m. m.



mac H0: 31920 (STW)

17541

NAME MST- NAKSH Datta AGE / SEX 2 / M DATE 14/11/22 UHID .....

### Personal History

Alcohol / Smoking / Tobacco

Chewing / other

## Allergy

Past History H/O. Blood transfusion

Diabetes / HT / IHD / TB

OTHER

### Menstrual History

### Current Medication

### Vaccination Status

### Initial Assessment &

## Examination

Pulse Rate - 120 bpm

**B P -**

Resp Rate - 30/min

Temp -

Ht / Wt -

## Investigations

5/12 2018 | HON  
C.D. | Commissioner

And the end

preference

RBS: 120 mg/dl

Dietary Advise &  
Preventive Care

3.  $\text{H}_2\text{O}$  dms

pet as per last will

Dr. BINTU KUMAR  
MBBS

Rec No. DMC/R/2125

### Chief Complaints

Chief Complaints

patient brought to the ED  
from self-discharge hospital New  
Orleans & A/H/O Sustaining Severe  
Burns - while child was playing  
a fire in the kitchen of bottle  
milk on 30/10/22 as per attach  
No H/O vomiting, ENT bleed.

10. H/O vomiting, ENT bleed.

1110: Female German - 5 min  
Initially taken to Royal hos-  
pital patrol Haryana where  
primary Ht given then referred  
to STH. then till 11/12/11 Ht  
can continue the discharge  
discharge summary attached.  
The patient brought to Vinodk  
for further management.

④ HR: Could burn once ant chest  
abdomen, BL Buttock, BL But Thigh

Parent C/O: Burning Sonnet & 2nd St  
- 2nd St

Q. 304. Could Burns & Perineal Burns  
be fatal complications.

94 moved from 7/20/20  
95 patient  
Name & Sign Of Doctor

Name &amp; Sign Of Doctor \_\_\_\_\_

Ranking

pen

01

MCNO - 31920

UNIP - P2209714

VINAYAK HOSPITAL<sup>TM</sup>

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

V.H. No. 2204088/22-22  
 Room No. ICU Category  
 Date of Admission 14/11/22

Name MASTER NAKSH DEV

S/o, D/o, W/o MR. YASHPAL

Occupation

Age 24.64 Sex M

Religion HINDU

Father's / Husband's Name

Address VILL. MEETROL TENSIL

KODAL DIST. PALLAH, HARYANA

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name &amp; Address of accompanying relative FATHER

Phone : Office Res.

R.M.O. Dr. BINTU Informed at 06:26 PM

Admitting Dr. AMIT KUMAR Informed at 06:26 PM

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



