





Ref. No.: FRR/Vinayak/1040/2019-20

Dated: 21.03.2020

PROFORMA INVOICE / FUND REQUISITION REPORT:

'Raah Foundation'

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Yash.

Sex: Male Age: 7 Years .

Father Name: Mr.Ramu Singh.

Address: Sector 122, Parthla Khanjar Road Noida (U.P.).

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 21/03/2020

Overall Analysis: The patient - Master Yash - was brought in to our hospital by his father - Mr.Ramu Singh on 21st March 2020. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot tea while he was at home. The child was playing at home and contacted with hot tea when his mother was making tea 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 7 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 .

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	45,400.00
Funds - Rehabilitation (Physiotherapy)	2,000.00
Funds - Medicines + Consumables + Transfusions	45,300.00
Funds - Pathology & Diagnostics	8,500.00
Total (in numbers)	1,73,000.00
Total (in words): One Lakh Seventy Three 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	2,000.00
Total (in numbers)	2,000.00
Total (in words):	Two Thousand Only
Fund Requirement - TOTAL	
Stage 1	1,73,000.00
Stage 2	2,000.00
Total (in numbers)	1,75,000.00
Total (in words):	One Lakh Seventy Five Thousand Only

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

महानगर पंचायत

सी-63 बेसमेन्ट साउथ - रजिस्ट्रार कार्ड-2

नई दिल्ली-49

विषय - आपकी सहायता हेतु प्रार्थना-पत्र

संदर्भ:

सविनय निवेदन यह है मेरा नाम रामू सिंह है, मेरा निवास स्थान गेट 2 नोरठा सेक्टर-122 के गांव पथला में स्थित है मेरा शब्द बेरा है जिसका नाम यश- है जिसकी आयु 7 वर्ष की है मेरा बेरा घर में खेल रहा था अचानक खेलते-खेलते वह बरतन में रखी गर्म चाय के ऊपर गिर पड़ा जिससे वह जल गया उसके इलाज के लिए मैं उसे नोरठा के विनायक हस्पिटल लेऊँगा गया और दिनांक 21-03-2020 को वहाँ पर भर्ती कराया वहाँ पर उसके इलाज के लिए शब्द लाख मचहत्तर हजार रुपये का खर्च बताया गया जो कि मैं यह खर्च उठाने से असमर्थ हूँ, अतः आपसे निवेदन है कि मेरे बेटे के इलाज के लिए सहायता प्रदान करें।

दिनांक
21-03-2020

बेटे का नाम - यश

उम्र - 7 वर्ष

पता - गांव - पथला

सेक्टर-122 गेट 2 नोरठा

(प्रार्थी)

आपकी अति कृपा होगी,

आपका प्रार्थी

रामू सिंह



5969 MLC

EMERGENCY ASSESSMENT

MLC 3296

NAME Maula YESH AGE / SEX M/7 DATE 21.3.20 UHID 1902963

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 - 126

B P - 100/70

Resp Rate - 20mt

Temp - Afebrile

Ht / Wt - 17kg

109cm

Investigations

SpO2 99%

Chief Complaints

1120 AM.
H/o Hot boiling tea pot fell
on the body at
630 AM at home on 20.3.20
Sec 122 Panchala
Khanjar Road.
B.B. father to say at 11 AM
and got admitted.

Treatment

Scalds on abdomen & chest

off comfortable. 30%
Not coughing

1. Dry. T.T. 0.5ml IM stat

2. Dressing

3. IV. RL C 500ml Shalg.

4. Dry Pain 10 IV.

5. Symp Dargenez plus 7.5ml TDS

6. Symp Augmentin 7.5ml TDS

7. Normal diet

Admitted to DR
A K Verma

Name & Sign Of Doctor

DR. (COL) S.K. BEHERA
MBBS
CCMO

Dietary Advise &
Preventive Care

Spoken to
Dr. Verma

510

MLC NO - 3296



VINAYAK HOSPITAL™

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

V.H. No. 1902963/19-20
Room No. 510 Category
Date of Admission 21/03/20

Name MASTER - YASH

S/o, D/o, W/o MR. RAMU SINGH

Occupation

Age 7y Sex M

Religion HINDU

Father's / Husband's Name

Address SEC-122, PARTHALA

KHANJAR ROAD

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

FATHER

MR. RAMU SINGH

Phone : Office Res.

R.M.O. Dr. S.K. BEHERA Informed at 11:22 AM

Admitting Dr. A.K. VERMA Informed at 11:22 AM

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

Signature of Patient / Relative

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

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

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

Authorised Signatory



