





Ref. No.: FRR/Vinayak/1058/2020-21

Dated: 13.12.2020

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Aarav .

Sex: Male **Age:** 1.6 years .

Father Name: Mr.Anand Yadav,

Address: Sector 44 Noida.

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 13/12/2020

Overall Analysis: The patient - Master Aarav Yadav was brought in to our hospital by his father - Mr.Anand Yadav on 13th December 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 at home and his mother boiling water ,he fall into the hot water 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 hands area,legs area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 1.6 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 3 Weeks of treatment.

Funds - Hospital Stay(ICU and Ward)	66,000.00
Funds - RMO, Nursing, Consultants & Specialists	56,000.00
Funds - Dressing & Procedures	77,000.00
Funds - Rehabilitation (Physiotherapy)	8,000.00
Funds - Medicines + Consumables + Transfusions	79,000.00
Funds - Pathology & Diagnostics	25,000.00
Total (in numbers)	311,000.00

Total (in words):

Three Lakh Eleven 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		9,000.00
	Total (in numbers)	9,000.00
	Total (in words):	Nine Thousand Only
Fund Requirement - TOTAL		
	Stage 1	311,000.00
	Stage 2	9,000.00
	Total (in numbers)	320,000.00
	Total (in words):	Three Lakh Twenty Thousand Only

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



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

AO/AD

सेवा में

श्रीमान अध्यापक

मदर कन्सर्न

सी-63 बेसमेन्ट साउथ रक्स पार्क-2

नई-दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र

महोदय,

सविनय निवेदन यह है, मेरा नाम आनन्द यादव है, मेरा निवास स्थान नौरडा के सेक्टर-44 में स्थित है, मेरा एक बेटा है, जिसका नाम आरव यादव है, जिसकी आयु 18 महीने की है, मेरा बेटा घर में खेल रहा था अचानक खेलते-खेलते वह बालि में रखे गर्म पानी के पास पहुँच गया, जिससे वह जल गया जिसके इलाज के लिए मैं उसे नौरडा के विनायक हॉस्पिटल ले कर गया और दिनांक 13-12-2020 को वहाँ पर शर्ति कराया, वहाँ पर उसके इलाज के लिए तीन लाख बीस हजार रुपये का खर्च 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
13-12-2020

बेटे का नाम - आरव यादव

उम्र - 18 महीने

पता - Sector-44

Noiada (U.P)

आपकी आज्ञा श्रुता होगी।

आपका प्रार्थी

आनन्द यादव



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 20002395/20-21
 Room No. 510 Category ..
 Date of Admission 13/12/20



Name MASTER, AARAV YADAV

S/o, D/o, W/o MR. ANAND YADAV

Occupation

Age 1.6/m Sex M

Religion HINDU

Father's / Husband's Name

Address SEC - 14 NOIDA

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. ASHOK KUMAR Informed at 04:00 PM

Admitting Dr. ASHOK KUMAR VERMA Informed at 04:00 PM

Tinku
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.

Akhilesh Kumar
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 filled by Dr.

FOR DELIVERY CASE ONLY

Date and Time of Delivery

Now 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.

EMERGENCY ASSESSMENT

8983

NAME Mrs. Anay Yadav AGE / SEX 18 years / M DATE 13/12/2020 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

Examination

Pulse Rate - 120 bpm

B P - ?

Resp Rate - 32 mt.

Temp - Afebrile

Ht / Wt - 8 kgs.

Investigations

- CXR - an
- LFT, RFT
- CRP

Dietary Advise & Preventive Care

- ↑ oral fluid
- High protein diet.

Chief Complaints

Brought to the casualty with burn at 2:00 pm on 12/12/2020
 + Alleged 10:00 thermal burn in 10:00 AM on 12/12/2020
 from hot water. (Scald burn) in 25%
 of - Burn injury over Rt. leg and
 Buttock, (L) Buttock and lower leg.
 (R) neck (L) Delirium (L), Itching (L)

Treatment
 - Dressing & Placenta
 - Extent & debridement
 - Supp. Augmentin 500-125 bid x 7d
 - sup. Cefazolin 300 bid x 7d
 - sup. Rantec 200 bid
 - sup. Citryone 300 bid
 - Dressing alternate dry
 - ↑ oral fluid



Name & Sign Of Doctor

CASUALTY MEDICAL OFFICER
 VINAYAK HOSPITAL, NOIDA

13/12/2020

