





Ref. No.: FRR/Vinayak/10024/2022-23

Dated: 13.09.2022

### PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Master Arjun.

**Sex:** Male **Age:** 1.5 Years .

**Father Name:** Mr. Rajneesh Kumar.

**Address:** Dundahaera Ghaziabad (U.P.).

**Diagnosis:** Approx 40% Thermal Burn.

**Date of Admission:** 13/09/2022

**Overall Analysis:** The patient - Master Arjun - was brought in to our hospital by his father - Mr. Rajneesh Kumar on 13th September, 2022. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot daal while he was playing at home. His mother was making daal and he was playing near to her suddenly he contacted with hot daal and he got thermal burn. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 40% TBSA Thermal Burn Injury. The Burns is on legs area, hips area, genital area, back area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 1.5 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)	55,500.00
Funds - RMO, Nursing, Consultants & Specialists	50,500.00
Funds - Dressing & Procedures	43,000.00
Funds - Rehabilitation (Physiotherapy)	3,000.00
Funds - Medicines + Consumables + Transfusions	47,000.00
Funds - Pathology & Diagnostics	15,000.00
<b>Total (In numbers)</b>	<b>214,000.00</b>

**Total (In words):**

**Two Lakh Fourteen 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	6,000.00
Total (in numbers)	6,000.00
Total (in words):	Six Thousand Only
Fund Requirement - TOTAL	
Stage 1	214,000.00
Stage 2	6,000.00
Total (in numbers)	220,000.00
Total (in words):	Two Lakh Twenty Thousand Only

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



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

AO/AD

मेरा माँ

श्रीमान अद्वयदा

सादर कन्सर्न

प्लॉट 63 लसमन्ट आउथ एक्स पार्ट-2

नर्स दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

सहाय्य

आवेदन्य निवेदन यह है की मेरा नाम  
उपनीषा कुमार है मेरा निवास पुंछहरा  
गावियाराद में स्थित है। मेरा एक बेटा  
है। जिसका नाम अर्जुन है। जिसकी आयु  
एक वर्ष छह महीने है। मेरा बेटा घर में  
खेल रहा था तभी अचानक मेरा बेटा  
गर्म दाल के संपर्क में हुआ गया और पल  
गया जिसके कारण मैं उसे नोस्ट्रा के  
विनायक अस्पताल लेकर गया और वहाँ  
दिनांक 13-09-2022 को वहाँ पर भर्ती  
कराया वहाँ पर उसके इलाज के लिए  
दो लाख बीस हजार रुपये का खर्चा  
लेताया गया है जो की मैं यह खर्च उठाने  
में असमर्थ हूँ अतः आपसे निवेदन है।  
की मेरे बेटे की सहायता प्रदान करें।

बेटे का नाम - अर्जुन

उम्र - एक वर्ष छह  
महीने

पता - पुंछहरा गावियाराद

आपकी अति कृपा होगी

आपका साथी

उपनीषा

पुंजा

दिनांक  
13-09-2022

UHID - P 2206762



# VINAYAK HOSPITAL™

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

V.H. No. 2202840 / 22-23

Room No. 206 Category .....

Date of Admission 13/09/2022

Name <u>MASTER ARJUN</u>	Unit / Consultant <u>DR. A. K. VERMA</u>
S/o, D/o, W/o <u>MR. RAJNEESH KUMAR</u>	Date of Discharge .....
Occupation .....	Provisional Diagnosis .....
Age <u>1 AND HALF</u> Sex <u>M</u>	Final Diagnosis .....
Religion <u>HINDU</u>	Infectious nature of disease : Yes/No
Father's / Husband's Name .....	Outcome : LAMA / Stable / Improved / Cured / Died
Address <u>DUNDHAKERA GZB.</u>	Death Record filled by Dr. ....
Phone : Office ..... Res. ....	<b>FOR DELIVERY CASE ONLY</b>
Advance Receipt No. .... Date .....	Date and Time of Delivery .....
For Rs. ....	New Born : Male / Female .....
Name & Address of accompanying relative <u>FATHER</u>	Birth record filled by Dr. ....
<u>MOTHER - (POOJA)</u>	Patient shifted from Room No. .... to .....
Phone : Office ..... Res. ....	On .....
R.M.O. Dr. <u>S. K. BEHERA</u> Informed at <u>12:04 PM</u>	Shifted from Room No. .... to .....
Admitting Dr. <u>A. K. VERMA</u> Informed at <u>12:04 PM</u>	On .....
<u>[Signature]</u> Receptionist	Shifted from Room No. .... to .....
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.	On .....
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.	Shifted from Room No. .... to .....
<u>[Signature]</u>	On .....
Signature of Patient / Relative	

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

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

Authorised Signatory



**VINAYAK  
HOSPITAL**

MLE 3575



16727

**EMERGENCY ASSESSMENT**

NAME ..... ARJUN ..... AGE / SEX M / 17 DATE 13/12/22 UHID .....

Personal History  
Alcohol / Smoking / Tobacco  
Chewing / other  
Allergy  
Past History  
Diabetes / HT / IHD / TB  
OTHER  
Menstrual History  
Current Medication

**Chief Complaints**

S/O ~~ARJUN~~ RAINIS 11/2 AM  
Wife - SABERI, SUKDERA  
Mob - 6295909654  
While cooking at home, hot Dal water was near by. She child inadvertently touched the hot acid the hot water fell on his buttock and left leg back and ankle.

**Treatment**

Findings - G.C. of child good  
Local - Both buttock area, Lt leg leg, Blisters with clear fluid.  
Lungs - Air entry normal.

- ① Day T.T. 0.5ml IM STAT
- ② W. RLE 350ML 8 hourly
- ③ Symp DAUGESIS 5mg qd
- ④ NORMAL DIET
- ⑤ Take further orders of DR AMIT

Vaccination Status

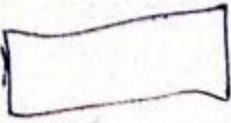
Initial Assessment & Examination

Pulse Rate - 120 /min  
BP - /  
Resp Rate - 30 /min  
Temp - 98.6 °F  
Ht / Wt - 10 K's  
6'02" 97 lbs

Investigations

RBS neg.

Spoken to DR AMIT



Dietary Advise & Preventive Care

Admit by  
DR AMIT

*[Signature]*

DR COLTS K BEHERA  
Name & Sign Of Doctor  
MBBS  
DMC Reg No. 48048  
VINAYAK HOSPITAL, NOIDA

