



Ref. No.: FRR/Vinayak/10019/2023-24

Dated: 31.08.2023

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Navya .

Sex: Female **Age:** 1.8 years .

Father Name: Mr.Ravindra Gupta.

Address: D40 Sector 11 Noida G.B.Nagar (U.P.).

Diagnosis: Approx 30-35% Thermal Burn.

Date of Admission: 30/08/2023

Overall Analysis: The patient - Baby Navya was brought in to our hospital by her father - Mr.Ravindra Gupta on 30th August 2023. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot tea while she was at home. Her mother was making tea for family, suddenly Baby Navya came in contact with this hot tea and she got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep approx. 30- 35% TBSA Thermal Burn Injury. The Burns is on entire back, underarm, abdomen areas. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 1.8 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.

A16:B17

Visuals:



Fund Requirement - During Hospital Stay

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

Funds - Hospital Stay	55,000.00
Funds - RMO, Nursing, Consultants & Specialists	45,000.00
Funds - Dressing & Procedures	52,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	55,000.00
Funds - Pathology & Diagnostics	12,000.00
Total (in numbers)	223,000.00
Total (in words):	Two Lakh Twenty Three 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	7,000.00
Total (in numbers)	7,000.00
Total (in words):	Seven Thousand Only
Fund Requirement - TOTAL	
Stage 1	223,000.00
Stage 2	7,000.00
Total (in numbers)	230,000.00
Total (in words):	Two Lakh Thirty Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Baby Navya .



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

AO/AD

MLCNO = 3640

T. RAJAN (GLOBAL VIRTUAL HOSPITAL) MID - 8826



VINAYAK HOSPITALTM

NH-1, Sector-27, Atta, Noida-201301
Helpline : 0120-4001800, 2444222, 2444333

V.H. No. IPD - 1195/23-24Room No. 201 CategoryDate of Admission 30-8-23Name BABY. NAVYAS/o, D/o, W/o MR. RAVINDRA GUPTA

Occupation

Age 1.8 MONTH Sex FReligion HINDU

Father's / Husband's Name

Address D-40 SEC-11NOIDA

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative FATHER

Phone : Office Res.

R.M.O. Dr. REKHA Informed at 2:51 PMAdmitting Dr. ASHOK K. VERMA Informed at 2:51 PM

CHANDAN
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.

Ravindra Gupta
Signature of Patient / Relative

Unit / Consultant DR. ASHOK 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



20540

EMERGENCY ASSESSMENT

MCENB-3640

NAME Baby Nanya AGE / SEX 18 months / F DATE 30.8.23 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

Pulse Rate - 136 / min

B P -

Resp Rate - 24 / min

Temp - 98.4 °F

Ht / Wt - 9 kg

6002 g

Investigations

Rb 6 mg/l

SpO₂ - 96%

Oral diet - as tolerated

Dietary Advise & Preventive Care

Chief Complaints

PM

The child is brought to casualty by Rabinendra Gupta (father)
Add - D-40, Sec-11, Noida

with R/O hot tea spilled over the child about one hour back today at home. accidentally.

Treatment

GE - Child is irritable, crying

Temp - 98.4 °F

Local exam - Superficial burn over front of body, back of body and right UL with loss of skin involving about 30% of area.
Chet - clear.

Admit

↓

Dr AK Verma
(Informed & he advised treatment)

Dr
Ravi

R - Wound is dressed with ATB
- IVF RL 450 ml - first 8hr - fast
450ml - next 16hr - slow
- Inj MONOCEF - 250 mg - IV - 12hrly AST
- Inj AMIKACIN 65mg - IV - 12hrly
- Syb CROCEIN - 5ml - 8hrly
- Syb CLEVOCETRIOLONE - 4ml - 12hrly
- Syb RANTAC - 4ml - 12hrly

Name & Sign of Doctor
Dr. (Lt. Col.) Ravi Prakash
Casualty Medical Officer (CMO)
Regn. No. 2691

For Appointment Call 0120-4504400

श्रीवा मै;

श्रीमान अध्यक्ष

मदर कर्न्सन

सी : 63 वेस्मैन्ट साउथ-इक्स पार्ट - 2

नई दिल्ली - 49।

विषय:- आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है मेरा नाम रंविद्रा गुप्ता है।
मेरा निवास D-40, सेक्टर -11, नौरडा में स्थित है। मेरी
एक बेटी है जिसका नाम नव्या है। उसकी आयु 108
वर्ष है। मेरी बेटी घर में रहने लगी थी, तभी अचानक
से वह गर्म चाय के सम्पर्क में आ गई और जल गई।
जिसके कारण मैं उसे नौरडा के विनायक हॉस्पिटल
लेकर आ गया। यहाँ पर उसके इलाज के लिए दो लाख
तीस हजार रुपये का खर्चा बताया गया है। जो कि मैं यह
खर्चा उठाने में असमर्थ हूँ। अतः मेरा आपसे निवेदन
यह है कि मेरी बेटी को सहायता प्रदान करें।

आपकी अतिकृपा होगी।

आपका प्रार्थी।

रंविद्रा गुप्ता।

Date - 30/8/23

बेटी का नाम - नव्या

उम्र - 108 वर्ष

पता - D-40, सेक्टर -11

नौरडा।

रंविद्रा

