





Ref. No.: FRR/Vinayak/10059/2024-25

Dated: 05.02.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Nidhi.

Sex: Female **Age:** 2 Years .

Mother's Name: Babita Kumari.

Address: Gaya Tankupa Bihar.

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 04/02/2025

Overall Analysis: The patient - Baby Nidhi was brought in to our hospital by her mother - Mr. Babita Kumari on 4th Feb 2025. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot water while she was at home. Her mother was making food for her family, suddenly Baby Nidhi contacted with hot water 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 is on back area, legs area and abdomen area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 2 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	51,000.00
Funds - RMO, Nursing, Consultants & Specialists	52,000.00
Funds - Dressing & Procedures	43,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	57,000.00
Funds - Pathology & Diagnostics	8,000.00
Total (In numbers)	215,000.00
Total (In words):	Two Lakh Fifteen 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		5,000.00
	Total (in numbers)	5,000.00
	Total (in words):	Five Thousand Only
Fund Requirement - TOTAL		
	Stage 1	215,000.00
	Stage 2	5,000.00
	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 Baby Nidhi :



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

AO/AD

श्रेया में

श्रीमान अरुण

भद्र कर्नल

श्री-63 वेस्टमैन्ट शाउथ स्ट्रॉट पार्क-2

नई-दिल्ली-49

विषय - अर्थिक सहायता हेतु प्रार्थनापत्र

शरिनाथ निवेदन यह है, मेरा नाम जलिया है
मेरा निवास स्थान गंगा, बिहार है, मेरी
बेटी का नाम निधि है वह 2 वर्ष की है, वह
घर में खिल रही थी पास में ही गारम पानी
शुआया अचानक वह उस पानी में गिर गयी
जिस वजह से जलगायी दिनांक 15-1-25
इसलिए अपनी लच्ची के बिना एक हॉस्पिटल
लेकर आये और दिनांक 4-2-25 के वहाँ पर
अती रुका, वहाँ पर उसके इलाज के लिए
2 लाख 20 हजार रुपये का खर्च बताया
गया, जो कि मैं यह खर्च उठाने में असमर्थ
हूँ अतः आपसे निवेदन है मेरी बेटी के
इलाज के लिए सहायता प्रदान करें,

आपकी अतिमृपा होगी
आपका माथरी
जलिया

दिनांक

4-2-25



19795

EMERGENCY ASSESSMENT

NAME BABY NIDHI AGE / SEX 2/F DATE 04.22.25 UHID 1931/24

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 -

B.P. - ND.

Resp Rate - 24

Temp - 98.6

Ht / Wt - 4 / 7.2

Investigations 97

P.K.S.

Chief Complaints

The above child came to casualty with mother c/o. Seald burn injury happened on 15/1/25 at shy at home (HOT WATER BURN) A/H/O - Seald burn injury on both lower limb = 30% TBSA

Treatment

O/E - Baby crying in Pain, itching at Burn pt.

Admit to DR. AK VERMA (Defans)

In. Monocel 200 iv 12hr

In. Amici 60 iv 12hr

Inf. RL @ 30ml for in the Burn.

Sy. Pem 5ml. T.D.S

Rest as advor

Name & Sign Of Doctor

Dr. (Maj Gen) S.K. PLAHA
MBBS, MD, FAMS FGSI
PGM - 5123

SR. CONSULTANT PHYSICIAN
VINAYAK HOSPITAL, NOIDA
Website : www.vinayakhospitalnoida.com

High Protein diet

Dietary Advise & Preventive Care



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 1931/24-25

Room No. 303 Category

Date of Admission 04.2.25



Name BABY NIDHI

Unit / Consultant DR. ASHOK KUMAR VERMA

~~S/o, D/o, W/o~~ BABITA KUMARI

Date of Discharge

Occupation

Age 27 Sex F

Provisional Diagnosis

Religion HINDU

Father's / Husband's Name

Final Diagnosis

Address TARIKUPA GAYA TARIKUPA

BIHAR - 824032

Infectious nature of disease : Yes/No

Phone : Office Res.

Outcome : LAMA / Stable / Improved / Cured / Died

Advance Receipt No. Date

Death Record filled by Dr.

For Rs.

Name & Address of accompanying relative

FOR DELIVERY CASE ONLY

Phone : Office Res.

Date and Time of Delivery

R.M.O. Dr. REKHA Informed at 15.30hr

New Born : Male / Female

Admitting Dr. ASHOK KUMAR VERMA Informed at 15.30hr

Birth record filled by Dr.

Adar
Receptionist

Patient shifted from Room No. to

On

Shifted from Room No. to

On

Shifted from Room No. to

On

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

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

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

Authorized Signatory

