









Ref. No.: FRR/Vinayak/1041/2020-21

Dated: 11.06.2020

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Aaradhya .

Sex: Female Age: 1.5 year .

Father Name: Mr.Atul.

Address: Khora Colony Rajeev Nagar Ghaziabad (U.P.) .

Diagnosis: Approx 40% Thermal Burn.

Date of Admission: 10/06/2020.

Overall Analysis: The patient - Baby Aaradhya - was brought in to our hospital by her father - Mr. Atul on 10th June 2020. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot milk while she was at home. The child was playing at home and contacted with hot milk when her mother was warming milk for her, she fell into hot milk so that she burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 40% TBSA Thermal Burn Injury. The Burns are on Chest, abdomen, hands and 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 1.5 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. face 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)	55,500.00
Funds - RMO, Nursing, Consultants & Specialists	54,500.00
Funds - Dressing & Procedures	70,500.00
Funds - Rehabilitation (Physiotherapy)	7,000.00
Funds - Medicines + Consumables + Transfusions	61,500.00
Funds - Pathology & Diagnostics	16,000.00
Total (in numbers)	2,65,000.00
Total (in words):	Two Lakh Sixty Five Thousand Only

Fund Requirement - Follow Up

Please find below the detailed fund requirement for Follow Up period of 1.0 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	2,65,000.00
Stage 2	5,000.00
Total (in numbers)	2,70,000.00
Total (in words):	Two Lakh Seventy Thousand Only

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



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

AQ/AD

सेवा में

श्रीमान आशुपुत्र

रिलीफ गैरिफ ट्रस्ट

सी-63 बेसमेंट साउथ रक्स मार्ग-2
नई दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र
महोदय,

सविनय निवेदन यह है मेरा नाम आतुल है,
मेरा निवास स्थान खोड़ा कालोनी राजीव नगर
गाजियाबाद में स्थित है, मेरी बूढ़ बेटी है
जिसका नाम आशुपुत्र है, जिसकी आयु 56
वर्ष की है, मेरी बेटी आशुपुत्र घर में खेल
रही थी, अचानक खेलते-खेलते वह बर्तन
में रखे गर्म दूध के मांस मूँच गयी, जिससे
वह जल गयी इसके इलाज के लिए मैं उसे
नोरगा के विनायक हॉस्पिटल लेकर गया और
दिनांक 10-06-2020 को वहाँ पर भर्ती कराया
वहाँ पर उसके इलाज के लिए दो लाख सत्तर
हजार रुपये का खर्च बताया गया जो कि
मैं यह खर्च उठाने में असमर्थ हूँ, अतः आपसे
निवेदन है कि मेरी बेटी के इलाज के लिए

सहायता प्रदान करें।

दिनांक
10-06-2020

आपकी अति कृपा होगी,

आपका प्रार्थी

आतुल

बेटी का नाम - आशुपुत्र

उम्र - 56 वर्ष

पता - खोड़ा कालोनी

राजीव नगर

गाजियाबाद



VINAYAK HOSPITAL™

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

Website : www.vinayakhospital.org.in

V.H. No. 200339 / 20-21

Room No. 511 Category

Date of Admission 10/06/2020

Name ~~MATER~~ - AARADYA

S/o, D/o, W/o MR - ATUL

Occupation

Age 1 1/2 YRS Sex M F

Religion HINDU

Father's / Husband's Name

Address KHORA COLONY, RAJEEV NAGAR, GZB

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

MR - ATUL (FATHER)

Phone : Office Res.

R.M.O. Dr. PINTU . KUMAR Informed at 02:22 PM

Admitting Dr. A.K. VERMA Informed at 02:22 PM

[Signature]
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]
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



EMERGENCY ASSESSMENT

NAME 6548 RASHI PARADYA AGE / SEX 1 1/2 DATE 10/6/20 UHID 10/6/20

Personal History

Alcohol / Smoking / Tobacco

Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication

Vaccination Status

Chief Complaints

At brought to casualty
old case of thermal
burn. large raw areas
of non healing wound
type.

Initial Assessment &

Examination

Pulse Rate - 112 /m

B P -

Resp Rate - 28 /m

Temp - (41)

Ht / Wt -

Treatment

- very large raw wound
over chest & abdomen
& rest abd part
(dorsal)

PLAN: Large skin grafting
(SSG & LA)

Investigations

8 hr cut / non
cuts / non
chr bu mo
10 sdr 38

Adv.

- AS per casualty
- dressing done.

Dietary Advise &
Preventive Care

CASUALTY MEDICAL OFFICER
VINAYAK HOSPITAL
Name & Sign of Doctor
AIDA



**VINAYAK
HOSPITAL**

CASE SHEET

A Unit of Chaudhary Nursing Home Pvt. Ltd.)
NH-1, Sector-27, Atta, Noida-201301

Website : www.vinayakhospitalnoida.com



VH No. Ward/Bed Name Age/Sex

Consultant/Unit D.O.A.

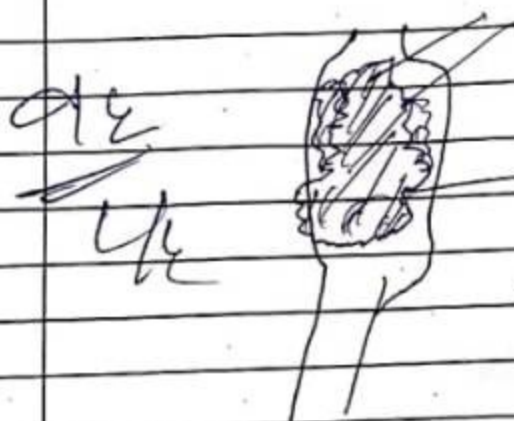
PROGRESS NOTES

10/6/2020

C/SIB Dr. A.K. Verma (Surgeon)

Old case of thermal burn

large raw area of non-healing wound type



- very large raw wound area
- Lt. chest (+) Axilla
- Lt. Ant. & Post. abd. part
- (dole)
- Scars (the)

- G-C-O-C
- Afebrile, vitals = WNL
- No pus/cr/cr/cr/cr
- Hydration & Nutrition maintained

- adv
- Admit
 - full chest (High Protein)
 - CBC, LFT, KFT, PT/APTT
 - x-ray chest
 - PAC for large skin grafting

Plan Sp
large skin grafting
(SSU 1 unit)

1/2



