







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
<b>Total (in numbers)</b>	<b>311,000.00</b>
<b>Total (in words):</b>	<b>Three Lakh Eleven Thousand Only</b>

**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 आनन्द यादव

रिजिफ़र्ड्ड हाउस ट्रस्ट

सी-63 वेसमेन्ट साउथ रजिस्ट्रार मार्ग-2

नई दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र

महोदय,

सविनय निवेदन यह है, मेरा नाम आनन्द यादव है। मेरा निवास स्थान नोरगा के सेक्टर-44 में स्थित है, मेरा एक बेटा है, जिसका नाम आरव है, जिसकी आयु 18 महीने की है, मेरा बेटा घर में खेल रहा था, अचानक खेलते-खेलते वह बगीचे में रखे गर्म पानी के पात्र में गिर गया जिससे वह जल गया, जिसके इलाज के लिए मैं उसे नोरगा के सिनाथक हॉस्पिटल लेकर गया और दिनांक 13-12-2020 को वहाँ पर भर्ती कराया, वहाँ पर उसके इलाज के लिए तीन लाख बीस हजार रुपये का खर्च लगाया गया जो कि मैं यह खर्च उठाने में असमर्थ हूँ, आतः आपसे निवेदन है कि मेरे बेटे के इलाज के लिए सहायता प्रदान करें।

दिनांक  
13-12-2020

बेटे का नाम - आरव

उम्र - 18 महीने

पता - Sector-44

Noida (U.P)

आपकी प्रति कृपा 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

Denth 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. .....



8983

### 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 -**

Resp Rate - 22 ml

Temp - 74

Ht / Wt - 8 kg.

## Investigations

### Dietary Advise &

### Preventive Care

Name & Sign Of Doctor

CASUALTY MEDICAL OFFICER  
VINAYAK HOSPITAL, NQIDA

137. NCIDA



