





Ref. No.: FRR/Vinayak/1055/2020-21

Dated: 05.10.2020

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Rishi .

Sex: Male **Age:** 8 years .

Father Name: Mr.Amit Singh.

Address: Kheri Colony Near Nahar NIT Faridabad Haryana.

Diagnosis: Approx 45% Thermal Burn.

Date of Admission: 05/10/2020

Overall Analysis: The patient - Master Rishi - was brought in to our hospital by his father - Mr.Amit Singh on 5th Oct. 2020. The child has sustained Electrical Burn Injury due to accidentally coming in contact with 11000 high voltage while he was at home. The child was playing at home at roof and contacted with 11000 high tension wire which is passing with his home so that he burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 45% 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 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. 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 .



Fund Requirement - During Hospital Stay

Please find below the detailed fund requirement for the first 4 Weeks of treatment.

Funds - Hospital Stay(ICU and Ward)	75,000.00
Funds - RMO, Nursing, Consultants & Specialists	65,000.00
Funds - Dressing & Procedures	95,000.00
Funds - Rehabilitation (Physiotherapy)	8,000.00
Funds - Medicines + Consumables + Transfusions	97,000.00
Funds - Pathology & Diagnostics	35,000.00
Total (in numbers)	375,000.00
Total (in words):	Four Three Lakh Seventy Five 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	375,000.00
Stage 2	5,000.00
Total (in numbers)	380,000.00
Total (in words):	Three Lakh Eighty Thousand Only

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



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 अधिका

रिलिफ इंडिया ट्रस्ट

सी-63 बेसमेंट साउथ रक्स पार्क-2

नई दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना - पत्र

महोदय,

सविनय निवेदन यह है मेरा नाम अभित सिंह है।
मेरा निवास स्थान खेरी बालोनी फरीदाबाद में स्थित
है, मेरा शब्द बेटा है जिसका नाम शिषि है जिसकी
आयु 8 वर्ष की है मेरा बेटा घर की छत पर खेल
रहा था घर की छत के पास होकर बिजली की लाइन
जा रही है जिसकी चपेट में मेरा बेटा आ गया और पूरी
तरह से झुलस गया मैं उसे श्वास के लिए सफेद रंग
हॉस्पिटल लेकर गया वहाँ पर उसका इलाज दो महीने
चला फिर मैं उसे विनायक हॉस्पिटल लेकर गया और
दिनांक 05-10-2020 को वहाँ पर भर्ती करवाया वहाँ पर
उसके इलाज के लिए तीन लाख अस्सी हजार रुपये का
खर्च बजाया गया जो कि मैं यह खर्च उठाने में असमर्थ
हूँ, अतः आपसे निवेदन है कि मेरे बेटे के इलाज के
लिए सहायता प्रदान करें।

दिनांक
05-10-2020

बेटे का नाम - शिषि

उम्र - 8 वर्ष

पता - फरीदाबाद

आपकी आज्ञा मानी जाएगी।

आपका प्रार्थी

अभित सिंह



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No.

Room No.

Date of Admission

2001444/20-2/

511

Category

05/10/20



Name

S/o, D/o, W/o

Occupation

Age

Sex

Religion

Father's / Husband's Name

Address

Phone : Office

Res.

Advance Receipt No.

Date

For Rs.

Name & Address of accompanying relative

Phone : Office

Res.

R.M.O. Dr.

Informed at

Admitting Dr.

Informed at

Unit / Consultant

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

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 of Patient / Relative

Discharge Date

Time

Bill No. / R.No.

Dated

For Rs.

Received / Refundable after adjustment of advance Rs.

Authorised Signatory



EMERGENCY ASSESSMENT

7867

NAME Mrs. Rishi AGE / SEX 08/11 DATE 05/10/2020 UHID Mr 5:25 PM

Chief Complaints

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 - 130/4

B P -

Resp Rate - 24/hr

Temp - 99.2

Ht / Wt -

Investigations

ROS -

can

moving

at

no

no

no

no

no

no

no

no

no

no

no

no

no

no

A 8 y old male patient brought to the casualty with 1/2 - 2/3 of the body (cold case) at home in 10th August 2020 at 5:00 PM.

Primary treatment taken from Subdurg hospital. R/L hand and R/L lower

limbs fingers was amputated on 21 August 2020 in Subdurg hospital.

At present patient is having fever no pain.

no oral intake

16kg. No response to - sick / conscious / oriented

8/10 - 9/10 - on R/L

falling to R/L

Dressing & dressing

Neonatal 25mg in arm

Paracetamol 20mg in arm

Dietary Advise & Preventive Care

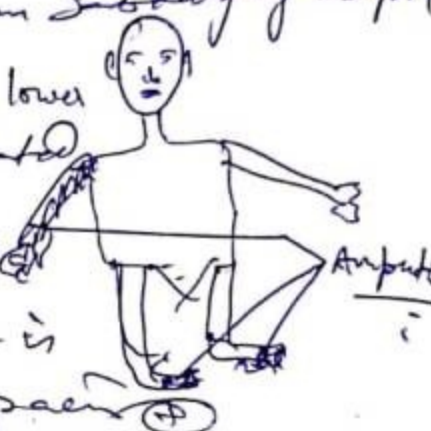
no

no

no

no

CASUALTY OFFICER
VINAYAK HOSPITAL



Name & Sign Of Doctor

Amiketh 125mg in arm

Dynapar 1/2 in arm

