



Ref. No.: FRR/Vinayak/10042/2024-25

Dated: 24.08.2024

**PROFORMA INVOICE / FUND REQUISITION REPORT:**

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Master Suriyansh.

**Sex:** Male **Age:** 8 Months.

**Father Name:** Virander Singh.

**Address:** Railway Fatak Dadri (U.P.).

**Diagnosis:** Approx. 25% Thermal Burn.

**Date of Admission:** 23/08/2024

**Overall Analysis:** The patient - Master Suriyansh - was brought in to our hospital by his father - Mr. Virander Singh on 23rd Aug. 2024. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot milk while he was at home. His mother was boiling milk for her family, suddenly Master Suriyansh contact with hot milk and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 25% TBSA Thermal Burn Injury. The Burns is on hands area, chest area, face area, and back 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 months, 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	45,000.00
Funds - RMO, Nursing, Consultants & Specialists	42,000.00
Funds - Dressing & Procedures	46,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	42,000.00
Funds - Pathology & Diagnostics	8,000.00
<b>Total (in numbers)</b>	<b>187,000.00</b>
<b>Total (in words):</b>	<b>One Lakh Eighty Seven Thousand Only</b>

**Fund Requirement - Follow Up**

Please find below the detailed fund requirement for Follow Up period of 1.5 Month Post Discharge.

<b>Funds - Follow Up Visits &amp; Dressings</b>		<b>3,000.00</b>
	<b>Total (in numbers)</b>	<b>3,000.00</b>
	<b>Total (in words):</b>	<b>Three Thousand Only</b>
<b>Fund Requirement - TOTAL</b>		
	<b>Stage 1</b>	<b>187,000.00</b>
	<b>Stage 2</b>	<b>3,000.00</b>
	<b>Total (in numbers)</b>	<b>190,000.00</b>
	<b>Total (in words)</b>	<b>One Lakh Ninety Thousand Only</b>

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Mater Suriyansh :



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 अध्वन

रिलिफ इंडिया ट्रस्ट

सी- 63 बेसमेंट साउथ स्कस पार्क-2

नई-दिल्ली- 49

विषय - आर्थिक सहायता हेतु प्रार्थना - पत्र  
भारत, स्वतंत्र निवेदन यह है मेरा नाम विरेंद्र सिंह है  
मेरा निवास स्वान दादरी रेलवे स्टेशन के पास  
स्थित है मेरा एक बेटा है जिसका नाम सूर्यश है  
जिसकी आयु 8 महीना की है मेरा बेटा घर में  
खिल रहा था अचानक खिलते-खिलते वह पतन में  
रखे गर्म दूध के डबले में गिर पड़ा जिससे मेरा बेटा पल  
गया इसके इलाज के लिए मैं उसे न्यूट्रल के विनायक  
टाइपीटल लेकर गया और दिनांक 23-08-2024 को  
वहाँ पर भर्ती कराया वहाँ पर इसके इलाज के लिए  
एक लाख रुपये खर्च हुआ का खर्च जाता था था जो कि  
मैं यह खर्च उठाने में असमर्थ हूँ अतः आपसे निवेदन  
है और बेटे के इलाज के लिए सहायता प्रदान करें !

दिनांक

23/08/2024

बेटे का नाम = सूर्यश  
उम्र = 8 महीना  
पता = दादरी

आपकी आति कृपा होगी

भापका प्रार्थी  
विरेंद्र सिंह



# VINAYAK HOSPITAL

(A Unit of Chaudhary Nursing Home Pvt. Ltd.)  
V-1, Sector-27, Atta, Noida-201301  
011-261 788 333



23393

## EMERGENCY ASSESSMENT

NAME MASTER SURYANSH

AGE / SEX 11M DATE 25/9/24 UHID 16447

Personal History  
Alcohol / Smoking / Tobacco  
Chewing / other

Chief Complaints

15:38 PM

Allergy

The above patient was brought to the casualty after coming from Sharda Hospital, Gurgaon, Noida with wife.

Past History

Diabetes / HT / IHD / TB  
OTHER

He burnt (20%) with spillage of hot milk accidentally at home today. MLC done in Sharda Hospital. MLC No - 13333

Menstrual History  
Current Medication

Vaccination Status

Initial Assessment & Examination

Pulse Rate - 134/m

BP -

Resp Rate - 24/m

Temp - 98.2 F

Ht / Wt - 10kg

SpO2 - 98%

Investigations  
HbS + 62 g/dl

As advised

Room - 206

Treatment

on exam - child is quiet, unresponsive  
Has involvement of

Admit

- Back
- Chest wall
- Right arm & face with (20-24%) scald burn.

Dr. A. K. Verma

R. All dressing of the part done

(To be informed)

- SYP GIBUCESIC - 1 TSF stat
- SYP AUGMENTIN - 1 TSF 12hrly
- To follow advice of CONSULTANT REGARDING IVF & INJECTIONS

TRIAGE COUNT
P1 <input type="checkbox"/> RED
P2 <input checked="" type="checkbox"/> YELLOW
P3 <input type="checkbox"/> GREEN
P4 <input type="checkbox"/> BLACK

Dr. (Lt. Col.) REKHA MOHANTY  
Casualty Medical Officer (CMO)  
Regn. No. 2691  
VINAYAK HOSPITAL NOIDA

Name & Sign Of Doctor

(Orally as tolerated)  
Dietary Advise &  
Preventive Care

(T RAJAN (GLOBAL VIRTUAL HOSPITAL))

UHID - 16449

MLC No = 13333



V.H. No. 916/24-25

Room No. 202 Category

Date of Admission 23/8/24



A Unit of Chaudhary Nursing Home Pvt. Ltd.

Name MASTER SURIYANSH

Unit / Consultant DR. A.K. VERMA

S/o, D/o, W/o MR. VIRINDER SAGHA

Date of Discharge

Occupation

Age 8 Month Sex M

Provisional Diagnosis

Religion HINDU

Father's / Husband's Name

Final Diagnosis

Address RAILWAY FATAK, DADR

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 15:38

New Born : Male / Female

Admitting Dr. A.K. VERMA Informed at 15:38

Birth record filled by Dr.

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

Handwritten signature

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

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

Authorised Signatory

