



Ref. No.: FRR/Vinayak/10045/2024-25

Dated: 17.09.2024

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Sandhya .

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

Father Name: Mr.Sunil Kumar.

Address:Sector 31 Nithari, Noida (U.P.).

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 16/09/2024

Overall Analysis: The patient - Sandhya - was brought in to our hospital by her father - Mr.Sunil Kumar on 16th September 2024.The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot milk while she was at home. Her mother was warming milk for her family, suddenly Sandhya contacted with hot milk 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 chest area, abdomen area and face areas. 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 2 Weeks of treatment.

Funds - Hospital Stay	48,000.00
Funds - RMO, Nursing, Consultants & Specialists	40,000.00
Funds - Dressing & Procedures	36,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	49,000.00
Funds - Pathology & Diagnostics	8,000.00
Total (in numbers)	185,000.00
Total (in words):	One Lakh Eighty 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	185,000.00
	Stage 2	5,000.00
	Total (in numbers)	190,000.00
	Total (in words)	One Lakh Ninety Thousand Only

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



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

AO/AD

मैला मै,

श्री मान अहयक्ष
रिलिफ इंडिया ट्रस्ट
सी-63 बेसमेंट साउथ एक्स पार्क-2
नई दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र
महोदय, सविनय निवेदन यह है मेरा नाम सुनील कुमार है
मेरा निवास स्थान नोएडा सेक्टर 30 निठारी में स्थित है
मेरी एक बेटी है जिसका नाम संध्या है जिसकी
आयु 2 वर्ष की है मेरी बेटी घर में खेल रही थी
अचानक खेलते-खेलते वह बर्तन में रखे हुए
के उपर गिर गई जिससे वह पल गई इसके इलाज
के लिए मैं उसे नोएडा के विनायक हास्पिटल लेकर
गया और दिनांक 16/09/24 को वहाँ पर भर्ती कराया
वहाँ पर उसके इलाज के लिए एक लाख रुपये ह्वार
इसके का खर्चा बताया गया जो कि मैं यह ~~खर्च~~ खर्च
उठाने में असमर्थ हूँ अतः आपसे निवेदन है मेरी
बेटी के इलाज के लिए सहायता प्रदान करें!

दिनांक
16/9/24

बेटी का नाम = संध्या
उम्र = 2 वर्ष
पता = नोएडा सेक्टर-30
निठारी

आपकी अति कृपा हेतु
आपका प्रार्थी
सुनील कुमार



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

VHID-16843

V.H. No. 1067/2425
 Room No. 203 Category
 Date of Admission 16.09.2024



Name <u>BABY SANPHYA</u>	Unit / Consultant	
S/o, D/o, W/o <u>SUNIL KUMAR</u>	Date of Discharge	
Occupation	Provisional Diagnosis	
Age <u>2 YRS</u> Sex <u>F</u>	Final Diagnosis	
Religion <u>HINDU</u>	Infectious nature of disease : Yes/No	
Father's / Husband's Name	Outcome : LAMA / Stable / Improved / Cured / Died	
Address <u>SEC-31, NITHARI</u>	Death Record filled by Dr.	
<u>NOIDA</u>		
Phone : Office Res.	FOR DELIVERY CASE ONLY	
Advance Receipt No. Date	Date and Time of Delivery	
For Rs.	New Born : Male / Female	
Name & Address of accompanying relative	Birth record filled by Dr.	
Phone : Office Res.	Patient shifted from Room No. to	
R.M.O. Dr. <u>PINTO</u> Informed at <u>3.30 PM</u>	On	
Admitting Dr. <u>Ashok Kumar</u> Informed at <u>3.35 PM</u>	Shifted from Room No. to	
<u>VERMA</u>	On	
Receptionist	Shifted from Room No. to	
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.	On	
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.	Shifted from Room No. to	
<u>Sathish Kumar</u> Signature of Patient / Relative	On	

Discharge Date Time Bill No. / R.No. Dated.....
 For Rs. Received / Refundable after adjustment of advance Rs.

Authorised Signatory



19795

EMERGENCY ASSESSMENT

NAME BABY SANDHYA AGE / SEX 2y / F DATE 16.09.2024 UHID 16843

Personal History
 Alcohol / Smoking / Tobacco
 Chewing / other
Allergy
Past History
 Diabetes / HT / IHD / TB
 OTHER
 Menstrual History
 Current Medication
 Vaccination Status

Chief Complaints

Patient brought to Casualty by her mother w/A/I/O Thermal burn by hot milk at home.

Thermal burn, on face, abdomen and back
TBSA - 30%

Initial Assessment & Examination
 Pulse Rate -
 B P -
 Resp Rate -
 Temp -
 Ht / Wt -

*PR 120
BP 100/60
RR 20
Temp 37.5
Ht 80
Wt 12*

Treatment

- Mopped soap - 1 only 12 hrs.
- Rentacryl - 24 hrs
- Dressing done at patient stand
- to ward for observation.
- Inform to Ashok Kumar Verma

Investigations

*6 rays
chest X
CBC / UFW*

Dietary Advise & Preventive Care



[Signature]

Name & Sign Of Doctor

