



Ref. No.: FRR/Vinayak/10044/2024-25

Dated:12.09.2024

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Ganesh.

Sex: Male **Age:** 9 Years .

Father Name: Dinesh.

Address:Jahangirpuri Delhi(U.P.).

Diagnosis: Approx 20-25% Thermal Burn.

Date of Admission: 10/09/2024

Overall Analysis: The patient - Master Ganesh was brought in to our hospital by his father - Mr. Dinesh on 10th September, 2024. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot oil. While playing in market suddenly Master Ganesh contacted with hot oil and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 20-25% TBSA Thermal Burn Injury. The Burns is on hands area, genital areas, hip and both leg areas. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 9 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 3 Weeks of treatment.

Funds - Hospital Stay	65,000.00
Funds - RMO, Nursing, Consultants & Specialists	55,000.00
Funds - Dressing & Procedures	73,000.00
Funds - Rehabilitation (Physiotherapy)	8,000.00
Funds - Medicines + Consumables + Transfusions	62,000.00
Funds - Pathology & Diagnostics	12,000.00
Total (in numbers)	275,000.00
Total (in words):	Two 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	275,000.00
	Stage 2	5,000.00
	Total (in numbers)	280,000.00
	Total (in words)	Two Lakh Eighty Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Master Ganesh :



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

AO/AD

शैताम,

श्री मान आहपन्न

रिजिफा इन्डिया ट्रस्ट

सी-63 वेस्टमिन्ट साउथ एक्स पार्क-2

नई दिल्ली - 110029

विषय -

भ्रष्टाचार,

आपके सहायता हेतु-प्रार्थना पत्र

सविनय निवेदन यह है मेरा नाम दिनेश है

मेरा निवास स्थान बहांगीर पुरी दिल्ली में स्थित है

मेरा एक बेटा है जिसका नाम गणेश है जिसकी आयु

9 वर्ष की है मेरा बेटा बालार में समान होने गया था

अचानक उसके ऊपर ठम तेज गिर गया जिससे

मेरा बेटा जल गया इसके इलाज के लिए मैं उस

नोस्टा के विनायक दारुपील लिवर गया और

दिनांक 10/09/24 को वहाँ पर जाती कराया वहाँ पर

इसके इलाज के लिए दो लाख अरसी हजार रुपये

का खर्चा लगाया गया है जो कि मैं यह खर्च उठाने

में असमर्थ हूँ अतः आपसे निवेदन है सरकार के

इलाज के लिए सहायता प्रदान करें!

दिनांक

11/09/24

बेटे का नाम = गणेश

उम्र = 9 वर्ष

पता = बहांगीर पुरी

दिल्ली

आपकी आति कृपा होगी

आपका प्रार्थी

दिनेश

T-KAJAN

OUTSIDE MLC NO - 299126

UHID-16857



A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 1069/24-25
Room No. 202 Category
Date of Admission 10/9/24



Name MASTER GANESH

S/o, D/o, W/o MR. DINESH

Occupation

Age 9 Y Sex M

Religion HINDU

Father's / Husband's Name

Address JHANGER, PURI
DELHI

Phone : Office Res.

Advance Receipt No. Date 10/9/24

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. REENA Informed at 14:14 PM

Admitting Dr. ASHOK KUMAR VERMA Informed at 14:14 PM
Handasi 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

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

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

