





Ref. No.: FRR/Vinayak/10048/2024-25

Dated: 25.10.2024

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Ayush.

Sex: Male **Age:** 4 Years .

Father Name: Paramlal Kumar.

Address: Siddarth Vihar Ghaziabad Uttar Pradesh (U.P.).

Diagnosis: Approx 40% Thermal Burn.

Date of Admission: 24/10/2024

Overall Analysis: The patient - Master Ayush - was brought in to our hospital by his father - Mr. Paramlal Kumar on 24th October 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 Ayush contact with hot milk and got burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 40% TBSA Thermal Burn Injury. The Burns is on legs area ,thigh area,back area and hips area . The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 4 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	51,000.00
Funds - RMO, Nursing, Consultants & Specialists	52,000.00
Funds - Dressing & Procedures	53,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	42,000.00
Funds - Pathology & Diagnostics	8,000.00
Total (in numbers)	210,000.00
Total (in words):	Two Lakh Ten 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	210,000.00
	Stage 2	5,000.00
	Total (in numbers)	215,000.00
	Total (in words)	Two Lakh Fifteen Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Mater Ayush.



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

AO/AD

शेवा में

श्रीमान उद्योग

शिल्प इंडिया ट्रस्ट

सी-63 बेशमेन्ट शहाजहाँ पार्क-2

नई - दिल्ली - 49

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र

मेरे

श्रीमान निवेदन यह है मेरा नाम परमलाल है गलियबाद में रहता हूँ मेरी बेटी का नाम आयुष है वह 4 वर्ष की है। वह घर में खेल रहा था दुर्घटना के कारण उसके उपर गिर गया वे पूरी तरह से लल गया। बच्चे के इलाज के लिए मोटा के बिना एक डॉक्टर लैकर आया दिनांक 24-10-2024 को वहाँ पर अती कशमका, वहाँ पर उसके इलाज के लिए 2 लाख 15 हजार रुपये का शर्चा बताया गया जो कि मैं यह शर्चा उठाने में असमर्थ हूँ अतः आप से निवेदन है मेरी बेटी के इलाज के लिए सहायता प्रदान करें।

बेटे का नाम - आयुष

उम्र - 4 वर्ष

पता - गलियबाद

आपकी आभूषा होगी

आपका प्रार्थी

परमलाल

T-RAJAN

OUTSIDE MLC NO-23/06

UID-17851



A Unit of Chaudhary Nursing Home Pvt Ltd

V.H. No. 1404/24-25
Room No. 206 Category
Date of Admission 24/10/24



Name MASTER AYUSH
S/o, D/o, W/o MR. PARAMLAL AMRWAR
Occupation
Age 4 yrs Sex M
Religion HINDU
Father's / Husband's Name
Address SIDDARTH VIHAR GHAZIA
-BAD UP
Phone Office Res
Advance Receipt No Date 24/10/24
For Rs
Name & Address of accompanying relative
Phone : Office Res
R.M.O. Dr. REENA Informed at 13:55PM
Admitting Dr. ASHOK KUMAR VERMA Informed at 13:55PM
Receptionist

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

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



24738

EMERGENCY ASSESSMENT

M.C. Gaitral

23/06

NAME MASTEK AYUSH AGE / SEX 4y/M DATE 24/10/24 UHID 17251

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 - 138/mt

B.P. -

Resp Rate - 36/mt

Temp - 98.6 F

Ht / Wt - 11.2 kg

Investigations SpO2 96%

Ans 135/mt

advised

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

Chief Complaints

The above child came to casualty with a/0 burn injury happened at home 3 days back by spillage of hot boiling milk in night.

A/H/O - Her mother was boiling milk when it accidentally fell on him and he got burnt.

O/E → TBSA = 40% , both buttocks, neck, part thigh, paravertebral back.

Treatment

O/E → pt. is sick, weak, in pain, stable.

Admit ↓ Dr. A.K. Verma (informed)

Rx

3ml. MONDLEF 350mg IV 12hrly (AST)
 9ml. AMIKACIN 100mg IV 12hrly (AST)
 Syp. RANTAC 5ml OABF
 Syp. ZBUCESIC 6ml ROS
 Give ORS & plenty of fluids
 REST AS PER ADVICE

Dietary Advise & Preventive Care

Plenty of fluids

ORS

Name & Sign Of Doctor
 Dr. R. K. JAIN
 MBBS, RMO
 Regd. No. UPMC-106703
 VINAYAK HOSPITAL, NOIDA

