



Ref. No.: FRR/Vinayak/10047/2024-25

Dated: 09.10.2024

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Dev Solanki.

Sex: Male **Age:** 8 Months 27 days .

Father Name: Devendra Singh.

Address:Roopbas Panchgal Rupbas Bulandshahr Uttar Pradesh (U.P.).

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 08/10/2024

Overall Analysis: The patient - Master Dev Solanki - was brought in to our hospital by his father - Mr. Devender Singh on 8th October, 2024. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot water while he was at home. His mother had kept boiling water, suddenly master Dev came in contact with hot water 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 legs area, thigh area, abdomen area and genital 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.



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 Master Dev Solanki .



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 अध्यक्ष
रिलिफ इण्डिया ट्रस्ट
शी-63 बेशमेन्ट शाउथ स्कश पार्क - 2
नई - दिल्ली - 49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र
प्रदोद्य

शुविनय निवेदन यह है मेश नाम
देवेन्द्र सिंह शोल्की है मैं दादरी
का निवासी। हु मेश बेटा मात्र
8 माह का है वह घर में खेल रहा
था काल गर्म पानी की बलही अपने
उपर फलटनी उसी खेल गया
पूरा. इसके इलाज के लिए नोएडा
के विनायक डॉ. पी. एल. लेकर आया
दिनांक 8/10/2024 को वह पर भर्ती
कराया वह पर उसके इलाज के लिए
2 लाख 15 हजार रुपये का खर्च आया
है पता कि मैं यह खर्च उठाने में असमर्थ
हू अतः आपसे निवेदन है मेश बेटा के इलाज
के लिए सहायता प्रदान करें।

दिनांक
08-10-2024

बेटा का नाम - देव
उम्र - 8 माहीना
पता - दादरी

आपकी अति कृपा होगी
आपकी प्रार्थी
देवेन्द्र सिंह शोल्की



EMERGENCY ASSESSMENT

24564 NAME: M.P. Solanki, DUN AGE / SEX: 8 months DATE: 08/10/24 UHID: ...

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 - 128 bpm
BP -
Resp Rate - 28 bpm
Temp - 38.7
Ht / Wt - 8 kg

SpO2 - 97% on RA
Investigations RBS 287 mg/dl

patient admitted to
Dr. A. K. Verma

Handwritten notes:
cvs - on 520
evis - on 520
R/S - M1, M2, M3

TRIAGE CODE
P1 RED
P2 YELLOW
P3 GREEN
P4 BLACK

Chief Complaints

A 8 months 27 days old male baby patient brought to the emergency from Surya hospital Surajpur cross Noida on 08/10/24 around 9:00 am.
C/F Burn at cervical Area, Burn at B/L UL.

TBSA 30%



- inj MONICEF - 250mg - 12 hourly
inj AMIKACIN - 50mg - 12 hourly
syp CROGIN - 4ml - 8 hourly
syp BENTAC - 2.5ml - 12 hourly

Name & Sign Of Doctor
CASUALTY MEDICAL OFFICER
VINAYAK HOSPITAL, NOIDA

UHFD = 1752



V.H. No. 1294/24-28

Room No. 206 Category

Date of Admission 8/10/24



A Unit of Chaudhary Nursing Home Pvt. Ltd.

Name MASTER DEV SOLANKI

Sib. D/o. W/o MR. DEVENDRA SINGH

Occupation

Age 8 Sex M

Religion HINDU

Father's / Husband's Name

Address 69, ROOPBAS PANCHAJATI

RUPBAS, BULANDSHAHR

Phone : Office Res.

Advance Receipt No. Date 8/10/24

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. ASIF informed at 21:00 PM

Admitting Dr. ASHOK KUMAR VERMA informed at 21:00 PM

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.

On

Shifted from Room No.

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.

Lalit Kumar
Signature of Patient / Relative

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

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

Authorised Signatory



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