



Ref. No.: FRR/Vinayak/10050/2024-25

Dated: 20.11.2024

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Daksh.

Sex: Male **Age:** 2Years.

Father Name: Ankush Kumar.

Address: Sector 63 Noida Uttar Pradesh (U.P.).

Diagnosis: Approx. 20% Thermal Burn.

Date of Admission: 20/11/2024

Overall Analysis: The patient - Master Daksh - was brought in to our hospital by his father - Mr. Ankush Kumar - on 20th November, 2024. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot sabzi while he was at home. His mother, while making sabzi for her family, suddenly Master Ankush contacted with hot Sabzi and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 20% TBSA Thermal Burn Injury. The Burns is on hands area, abdomen area and chest area. 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 3 Weeks of treatment.

Funds - Hospital Stay	61,000.00
Funds - RMO, Nursing, Consultants & Specialists	62,000.00
Funds - Dressing & Procedures	63,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	47,000.00
Funds - Pathology & Diagnostics	8,000.00
Total (in numbers)	245,000.00
Total (in words):	Two Lakh Forty 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	245,000.00
	Stage 2	5,000.00
	Total (in numbers)	250,000.00
	Total (in words)	Two Lakh Fifty Thousand Only

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



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

AO/AD

सेवा मे

श्रीमान उद्यम

एलिफ इण्डिया टूर

सी- 63 वेसमेंट सड थ पार्क - 2

नई - दिल्ली - 49

विषय - अधिक रकम देतु प्रार्थना-पत्र

मेदम

शुभिनथ निवेदन थड है नाम अंकुश कुमार है मे
नोएडा गौतम बुध्द नगर, सेक्टर - 63 निवासी
हूँ मेरा बेटा का नाम दस वरु 2 वर्ष का है 32तकी
माँ शर्मा बना रही थी बच्चा शबिता दुए आया और
संबलीके बरत उसके उपर गिर गया जिससे वह
जल गया बच्चेके इलाज के लिए नोएडाके विनायक
हॉस्पिटल लेकर आया दिनांक 20-11-24 थड
पर भर्ती कराया वरु पर उसके इलाज के लिए
2 लाख 50 हजार रुपयाके का शर्चा बताया गया
जे मे थड शर्चा उठानो मे असमर्थ हूँ अतः आप
से निवेदन है मेरोके इलाज के लिए सहायता प्रदान
करे ।

दिनांक
20-11-24

बेटा का नाम दस

उम्र - 2 वर्ष

पता - नोएडा

अपकी आतिकृपा होगी

अपका प्रार्थी

अंकुश कुमार

CASE SHEET



**VINAYAK
HOSPITAL**

(A Unit of Chaudhary Nursing Home Pvt. Ltd.)
NH-1, Sector-27, Atta, Noida-201301

Website : www.vinayakhospitalnoida.com



IP No. Ward / Bed Name UHID No.

Age/Sex Consultant/Unit D.O.A.

PROGRESS NOTES

20/11/24
1:00 PM

C/S/B DOD

C/o A/H/o been injured that occurred accidentally at home on 1/11/24 at 7:00 PM by falling into Babji while cooking in progress.

⊕/E LE - Bruise over abdomen 13%
bruise over upper arm. 4%
TBSA is 14%.

C/o fever on & off
pain at site of bruise
itching at site of bruise.

BP →

PR → 122 bpm.

SpO₂ → 97% at RA

Temp → 100.5°F

RR → 28 cpm.

⊕/E

CVS - S₂ ⊕

Res - B/L AE ⊕

CNS - HMF ⊕, conscious

PIA - Soft, non tender.

Plan

- continue vitals monitoring
- Inform doc

Dr. SHREYA SHARMA

BBS, Reg. No. 17495

VHNSG/PN08/1801/22/2024 HOSPITAL, NOIDA

VINAYAK HOSPITAL, NOIDA



VINAYAK HOSPITAL



MLL-NO-3777
(done in Vinayak hospital)

24964

EMERGENCY ASSESSMENT

NAME BOBY DAKSH AGE / SEX 2 / M DATE 20/11/24 UHID 18339
11:30 AM

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

Chief Complaints

The baby came with 4/0 burn injury over abdomen and both upper arm. This incident took place at home on 01/11/24 at 7:00 pm when the baby was on stairs and fell down on side where the gas was on and cooking was in progress (Sabji). The baby fell in the sabji and get burn

Vaccination Status

Initial Assessment & Examination

Pulse Rate - 136/hr
B.P. -
Resp Rate - 32/hr
Temp - 98.4°f
Ht / Wt - 11kg

Treatment

4/0 - Abdomen (4 - 13%)
Both upper arm - 4/1%

17% TBSA

0/0 - Belly has infection over abdomen
Syst. examination is normal.

Aunt ↓ Dr. A.K. Verma (Surgery) informed

Rx

- 9ml. MONOCEF 250mg IV 12hrly
- 9ml. AMKALIN 75mg IV 12hrly
- 8 Syp. ZBUCESIC 6ml TDS
- Syp. RANITAC 3ml BD
- Syp. LL 2.5ml BD

Investigations RB 396/mul.
As advised

TRIAGE CODE
 P1 RED
 P2 YELLOW
 P3 GREEN
 P4 BLACK

Dietary Advise & Preventive Care
As fluid normal diet.

Dr. REENA JAIN
MBBS, BMO
Reg. No. BPMC-106763
VINAYAK HOSPITAL, NOIDA
Name & Sign Of Doctor

T-RAJAN

MLC No -3777

UHFD= 18559



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 1547/24-25

Room No. 204 Category

Date of Admission 20/11/24



Name MASTER DAKSH

S/o, D/o, W/o MR. ANKUSH KUMAR

Occupation

Age 24 Sex M

Religion HINDU

Father's / Husband's Name

Address SEC - 63, NOIDA

Phone : Office Res

Advance Receipt No. Date 20/11/24

For Rs.

Name & Address of accompanying relative

Phone : Office Res

R.M.O. Dr. REENA Informed at 11:34 AM

Admitting Dr. ASHOK KUMAR VERMA Informed at 11:34 AM

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 filed by Dr.

FOR DELIVERY CASE ONLY

Date and Time of Delivery

New Born : Male / Female

Birth record filed 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

