





Ref. No.: FRR/Vinayak/10051/2024-25

Dated: 29.11.2024

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Roshan.

Sex: Male **Age:** 3 Years .

Father Name: Shankar Thakur.

Address: Sector 44 Noida Uttar Pradesh (U.P.).

Diagnosis: Approx 45% Thermal Burn.

Date of Admission: 29/11/2024

Overall Analysis: The patient - Master Roshan - was brought in to our hospital by his father - Mr. Shankar Thakur on 29th November, 2024. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot boiling dal while he was at home. His mother was making dal for her family, suddenly master Roshan contact with hot dal and got burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep upto 45% TBSA Thermal Burn Injury. The Burns Is on back area, abdomen, legs 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 3 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	52,000.00
Funds - Dressing & Procedures	53,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	47,000.00
Funds - Pathology & Diagnostics	8,000.00
Total (in numbers)	225,000.00
Total (in words):	Two Lakh Twenty 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	225,000.00
	Stage 2	5,000.00
	Total (in numbers)	230,000.00
	Total (in words)	Two Lakh Thirty Thousand Only

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



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

AO/AD

शेका शे

श्रीमन् उद्योग

डिप्टिफ इण्डिया ट्रस्ट

श्री - 63 वे ससेन्ट फाटे - 2

नई - दिल्ली - 49

विषय - आर्थिक सहायता हेतु प्रार्थना - पत्र

मेहदय

शिविनथ निवेदन यह है नाम शंकर है में नोएडा
गौतम बुद्ध नगर, सेक्टर - 44 का निवासी हूँ मेरा
बेटा का नाम शेषन है वह 3 वर्ष का है उसकी माँ
शर्मा बना रही थी बच्चा खेलता हुए आया दाल
उसके उपर गिर गया जिससे वह लल गया बच्चे
के इलाज के लिए नोएडा के विनायक हॉस्पिटल
लैकर आया दिनांक 23-11-24 यह पर भती
कराया वह पर उसके इलाज के लिए 2 लाख 30 हजार
रुपये का खर्चा बताया गया जो मैं भुक्त खर्चा
उठाने में असमर्थ हूँ अतः आप से निवेदन है
मेरे के इलाज के लिए सहायता प्रदान करें।

दिनांक
23-11-24

बेटा का नाम - शेषन

उम्र - 3 वर्ष

पता - नोएडा

अपकी आतिकृपा होगी
अपका प्राणी
शंकर



VINAYAK HOSPITAL

Age/Sex : 3 y / Male
 UHID : 18527 R-202
 IPD No : IPD-1598/24-25
 DOA : 29-11-2024 13:03
 Consultation : Dr. Lalit Agrawal

25038

EMERGENCY ASSESSMENT

NAME Master Roshan Kumar AGE / SEX 3 y / M DATE 29 Nov UHID 18527

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

Chief Complaints

12:30 PM
 No accidentally falling on a hot boiling dal of kharai at home Khapoon colony Sec 44 Noida last evening at 7 PM. 12:30 PM
 - might was brought here last night. Now came for admission by father.
 On exam G.C. good

Treatment

Superficial burn LT gluteal area, across lumbosacral area & perineal area. Urine normally. little bit lower on perineal area. Extent of burn 40-45%. Superficial

Initial Assessment & Examination
 Pulse Rate - 132 fast
 B P - normal
 Resp Rate - 32 fast
 Temp - 99.0 fever
 Ht / Wt - 8.5 ft
 SPD - 98 l/min

Investigations
 RBS 101 mg/dl

TRIAGE CODE
 P3 GREEN
 P4 BLACK

Spoken to Dr. Lalit

- 1. Debridement of dead hanging skin
- 2. thorough wound toilet
- 3. Medical dressing
- 4. Symp. Inj. plus 2-5ml 8h IV R 30ml / 8hly
- 5. Paediatrician will be contacted on antibiotic

Dietary Advise & Preventive Care
 202

Adm. Dr. Lalit Agrawal

Name & Sign Of Doctor
 Dr. Lalit Agrawal

Dr. (Col) S.K. BEHERA
 CCMO MBBS
 DMC Reg. No. 43049

VINAYAK HOSPITAL NOIDA
 NMC-24179
 DMC Reg. No. 43049

The pt. is also being admitted under Dr. Neera Yadav (informed)

Rx:

9VF RL @ 40ml/hr
9WJ. PLM 120mg IV 6hrly
9N/. AUGMENTIN 200mg IV 8hrly
Age appropriate Normal diet

9NV
CBC
LFT
KFT.

Neera

www.reliefindiast.org

TRADE MARK
P4 D GREEN
P4 D BLACK

302

On Examination

A General Physical Examination: Pass

Level of consciousness: 15/15

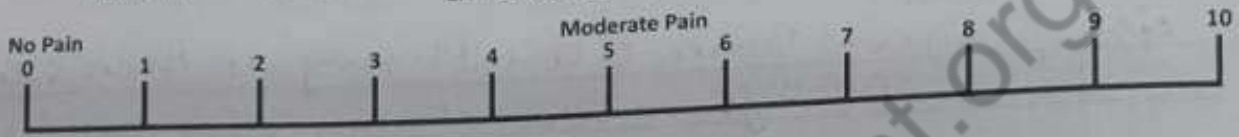
A Pulse: 130/mt BP: _____ mm/Hg Temperature 98.4F RR: 28/mt SPO₂: 98%

Pallor: _____ Icterus: _____ Cyanosis: _____

Clubbing: _____ Pedal Edema: _____ Lymph nodes: _____

Pain Score:

0 NO HURT 1 LITTLE BIT 2 HURTS LITTLE MORE 3 HURTS EVEN MORE 4 HURTS WHOLE LOT 5 HURTS WORST



B Systemic Examination:

Respiratory System: BIL A-E ⊕

Cardiovascular System: S1S2

Per Abdominal Examination: soft BS ⊕

Central Nervous System: conscious oriented

C Psychological Status:

Anxious / Depressed / Angry / Aggressive / Others _____

D Nutritional Status

Decreased food intake over last 3 months	Severe Loss	Moderate Loss	Mild Loss	No Loss
Weight loss in last 3 month	Don't, Know	3 Kgs.	1-3 Kgs.	No Loss
Mobility	Bed /Chair Bound	Able to, but don,t	Fully Mobile	No Mobility

E Immunization Status

BCG/OPV	DPT/OPV1,2,3,B,B,	HIB 1,2,3, B	HBV 0,1,2	ROTO 0, 1, 2	PNUEMO 1, 2, 3, B	FLU 1, 2
MEASLES / OPV	CHICKEN POX 1,2	HAV 1,2	MMR 1,2	TYPH	MENINGOCOCCAL	



DOCTOR INITIAL ASSESSMENT & PLAN OF CARE

Patient Name : IPD No..... Age/Sex

UHID No: DOC..... Vulnerable: Y N

Date / Time of Admission 29/11/24 1:45PM Specialty _____

Consultant Incharge : Dr Lalit Aggarwal Attending Doctor Dr Shreyas

Informant with Relationship : _____

Chief complaints with duration :
CS - pain at Burn site, itching at Burn site
fever on 2ft, h/weakness, poor oral intake

History of present illness :
H/o - Accidentally fall on a hot deal of karai
at home Khajur colony Sec 44, Noida on 28/11/24 at 7PM
Sustained burn - LF gluteal area, across lumbosacral
area & perineal area, R+ ankle area.

Past Medical History :
Hypertension IHD: Diabetes: CORD: Asthma: Tuberculosis: CVA:
Thyroid Disorder: Congenital/Anomalies Renal Diseases: Others: _____

Past History of any surgery (Year/Procedure/Hospital/ Anesthesia) : _____

Personal :History : Any substance abuse (Tobacco/Alcohol/Drug etc.) _____
Any Medication/Therapeutic Diet : _____

Patient Family History : Not Significant/ Congenital Anomalies / Malignancy / Tuberculosis /
Hypertension /Diabetes / Mental illness/others _____

Obstetric History : LMP/Menopause : _____ Gravida/Para _____
Cycle : Regular / Irregular/Others _____

Diet History : Veg _____ Non Veg _____

T RAJAN

MLC No - 3781

UHJD = 18527



VINAYAK HOSPITAL

V.H. No. 1598/24-25

Room No. 202 Catagory

Date of Admission 29/11/24



A Unit of Chaudhary Nursing Home Pvt. Ltd.

Name MASTER ROSHAN KUMAR

S/o, D/o, W/o MR. SHANKAR THAKUR

Occupation

Age 34 Sex M

Religion HINDU

Father's / Husband's Name

Address SEC - 44, MOJDA

Phone : Office Res.

Advance Receipt No. Date 29/11/24

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. S.K. BEHERA Informed at 13:03 Pm

Admitting Dr. LALIT ANARWAL Informed at 13:03 Pm

Receptionist

Unit / Consultant DR. LALIT ANARWAL

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

