



www.reblindtrust.org

Ref. No.: FRR/Vinayak/10049/2024-25

Dated:14 .11.2024

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Taslima.

Sex: Female **Age:** 4 Years .

Father Name: Mr.Ershad Ali.

Address:House Number F 373 Janta Flat Sector 40 noida (U.P.).

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 14/11/2024

Overall Analysis: The patient - Taslima was brought in to our hospital by her father - Mr.Ershad Ali on 14th November 2024. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot water while she was at home. Her mother was making food for her family, suddenly taslima 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 and thigh 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 2 Weeks of treatment.

Funds - Hospital Stay	48,000.00
Funds - RMO, Nursing, Consultants & Specialists	45,000.00
Funds - Dressing & Procedures	46,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	59,000.00
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 Baby Taslima .



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

AO/AD

शेना में

श्रीमान अद्यक्ष

शिल्पि इण्डिया ट्रस्ट

शी-63 वेशमेंट शाउथ पार्क - 2

नई - दिल्ली - 49

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र

मेरे

शुभिनत्र निवेदन यह है मेरा नाम इश्राद अली है
मे नोएडा, गौतम बुद्ध नगर, सेक्टर-40 का
निवासी हूँ मेरी बेटी का नाम तस्लीमा शतन है
वह, 4 वर्ष की है कमरो में खेले रही थी पढ़ाई के
बच्चों के साथ पार्क में ही गर्म पानी की बाल्टी
रखी थी बाल्टी से धक्का लगने के वजह से पैर
जल गया बच्ची के इलाज के लिए नोएडा के
बिनायक डॉ. पीटल लेकर आया दिनांक 14-11-24
यह पर अती कशायो, वह पर उसके इलाज के लिए
शलाख 15 हजार रुपये खर्चा लगाया गया जो
मे यह खर्चा उठाने में असमर्थ हूँ अतः आप
से निवेदन है मेरी के इलाज के लिए सहायता
प्रदान करें

बेटी का नाम - तस्लीमा

उम्र - 4 वर्ष

पता - नोएडा

आपकी अतिकृपा होगी

आपका भागी

इश्राद अली

T-RAJAN

MLC NO-3774

UHID-18241



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 1515/24-25

Room No. 203 Category

Date of Admission 14/11/24



Name BABY TASLIMA KHATUN

S/o, D/o, W/o MR. ERSHAD ALI

Occupation

Age 4 yrs Sex F

Religion MUSLIM

Father's / Husband's Name

Address HNO- F 373, JANTA FLAT SEC- 40 NOIDA

Phone : Office Res.

Advance Receipt No. Date 14/11/24

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. REKHA Informed at 16:06pm

Admitting Dr. ASHOK KUMAR VERMA Informed at 16:06pm

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

NH-1, Sector-27, Atta, Noida-201301

Tel. No. : 0120-4504400, 2444222, 2444333 / Website : www.vinayakhospitalnoida.com



24910

EMERGENCY ASSESSMENT

PKC no - 5774

NAME Baby Taslima Khatun AGE / SEX 4y / F DATE 14/11/24 UHID 18241

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

Chief Complaints

16:08 pm

A case of accidental scald burn by spill of hot water at home on 09/11/24 at 11 am involving l thigh, l leg, r leg & foot.

Place of burn - add. See-40, F ~~200~~-373, Noida

Initial Assessment & Examination

Pulse Rate - 128/m
 B P -
 Resp Rate - 28/m
 Temp - 98.6 F
 Ht / Wt - 15.5 kg
 SpO₂ - 97%

Treatment

On Exam - G.C. Sick
 of late
 The affected parts are injected unhealthy, l knee movement restricted.
 System exam - (M)

Investigations RBS - 96 mg/dl

Admit
 Dr A K Verma

As dressing done in casualty - further treatment to be followed as per advice of consultant today in burn ward.

[Signature]

High protein diet with Dietary Advise & Preventive Care
 loss of fluid

Dr. (Lt. Col.) REKHA MOHANTY
 Casualty Medical Officer (CMO)
 Name & Sign Of Doctor
 VINAYAK HOSPITAL NOIDA

TRIAGE CODE
 P1 RED
 P2 YELLOW
 P3 GREEN

For Appointment Call 0120-4504400

