





Ref. No.: FRR/Vinayak/10052/2024-25

Dated: 04.12.2024

### PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Baby Riya.

**Sex:** Female **Age:** 2 Years .

**Father Name:** Lallu Kumar.

**Address:** House Number 100 Gall Number 2 Sector 5 Noida Uttar Pradesh (U.P.).

**Diagnosis:** Approx 30% Thermal Burn.

**Date of Admission:** 02/12/2024

**Overall Analysis:** The patient - Baby Riya - was brought in to our hospital by her father - Mr. Lallu Kumar - on 2nd December, 2024. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot rice water while she was at home. Her mother was making rice for her family, suddenly baby Riya came in contact with hot rice 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 back area, 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 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	51,000.00
Funds - RMO, Nursing, Consultants & Specialists	52,000.00
Funds - Dressing & Procedures	63,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	67,000.00
Funds - Pathology & Diagnostics	8,000.00
<b>Total (in numbers)</b>	<b>245,000.00</b>
<b>Total (in words):</b>	<b>Two Lakh Forty Five Thousand Only</b>

**Fund Requirement - Follow Up**

Please find below the detailed fund requirement for Follow Up period of 1.5 Month Post Discharge.

<b>Funds - Follow Up Visits &amp; Dressings</b>		5,000.00
	Total (in numbers)	5,000.00
	Total (in words):	Five Thousand Only
<b>Fund Requirement - TOTAL</b>		
	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 Baby Riya :



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 अध्यक्ष  
रिलिफ इण्डिया ट्रस्ट  
सी-63 बेसमेन्ट साउथ स्कस पार्टी-2  
नई-दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

प्रदोष्य

शुविनाथ निवेदन यह है। मेरा नाम लल्लु कुमार है  
मे नोएडा सेक्टर-5 का निवासी हूँ मेरी एक बेटी  
है उस्का नाम शिधा है वह 2 वर्ष की है वह खेल  
शुडी थी अपने भाई के साथ खेलते हुए 3 घंटे में  
गर्म चॉकलेट के पतले के उपर गीर गई जिससे  
वह जल गई है नोएडा के विनाथक हॉस्पिटल  
लेकर आया दिनांक 21/12/2024 यह पर भर्ती  
कराया वह पर उसके इलाज के लिए 2 लाख 50 हजार  
रुपाये का खर्चा बिताया गया जो मे यह खर्चा उठाने  
में असमर्थ हूँ अतः आप से निवेदन है मेरे के इलाज  
के लिए सहायता प्रदान करे।

बेटी का नाम - शिधा

उम्र - 2 वर्ष

पता - नोएडा

अपकी अतिकृपा होगी  
अपका आशीर्ष  
लल्लु कुमार

दिनांक  
2-12-2024



## EMERGENCY ASSESSMENT

25075

MLE NO-3784

NAME Baby Pooja Rana  
(AKA)

AGE / SEX 2 1/2 F DATE 9/12/24 UHID 18592

Chief Complaints 19:49pm

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

The above child is brought to the casualty with accidental scald burn today around 6.30 at home due to spillage of hot water at home kitchen.

Child is fully immunised as per mother's statement.

on exam - child is in pain.

### Initial Assessment & Examination

Pulse Rate - 134/m  
BP -  
Resp Rate - 28/m  
Temp - 98.2F  
Ht / Wt - 11kg

### Treatment

Admit

Dr. AK Veema

### Investigations

SPO<sub>2</sub> 98%  
BBs 220 mg/dl

As advised

Room No. 206

### Local exam -

Left thigh, left leg, back & buttock, part of rt leg is involved, there is loss of skin about (30%).

### Systemic exam

CVS  
PIA  
chest | MAD

- As
- All dressings done
- IVS MONOCET - 250mg 12hly IV
- IVF-PL-100ml in 1st eight hours then 400ml in next 16 hours
- IVS AMIKACIN - 75mg 12hly IV
- ~~IVS~~ Syb RANITAC - 4ml 12hly
- Syb IBERGEC - 2ml orally

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

Dietary Advice & Preventive Care → As tolerated orally.

Name & Sign Of Doctor  
Rekha Mohanty  
Dr. (Lt. Col.) REKHA MOHANTY  
Casualty Medical Officer (CMO)  
Room No. 206

WLC No - 3784

T. RAJAN

UHPD - 18592



# VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 1622 / 24 25

Room No. 206 Category

Date of Admission 2/12/24



Name BABY RIYA

Unit / Consultant DR. ASHOK KUMAR VERMA

S/o, D/o, W/o Mr. LALLU KUMAR

Occupation

Date of Discharge

Age 2 yrs Sex F

Provisional Diagnosis

Religion HINDU

Father's / Husband's Name

Final Diagnosis

Address H-100 G. No-2 SEC-5

NOIDA U.P.

Infectious nature of disease : Yes/No

Phone : Office Res.

Outcome : LAMA / Stable / Improved / Cured / Died

Advance Receipt No. Date

Death Record filled by Dr.

For Rs.

### FOR DELIVERY CASE ONLY

Name & Address of accompanying relative

Date and Time of Delivery

Phone : Office Res.

New Born : Male / Female

R.M.O. Dr. BEKHA Informed at 7:49R

Birth record filled by Dr.

Admitting Dr. ASHOK KUMAR VERMA Informed at 7:49R

Patient shifted from Room No. to

Receptionist

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.

Shifted from Room No. to

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.

On

Signature of Patient / Relative

Shifted from Room No. to

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

On

Received / Refundable after adjustment of advance Rs.

On

For Rs.

Authorised Signatory

