



Ref. No.: FRR/Vinayak/10057/2024-25

Dated: 20.01.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Vishnu.

Sex: Male Age: 2 Years 9 Months.

Father Name: Rakesh Kumar.

Address: Salarpur Noida Uttar Pradesh (U.P.).

Funds - Medicines + Consummables + Transfusions

Diagnosis: Approx 20% Thermal Burn.

Date of Admission: 20/01/2025

Overall Analysis: The patient - Master Vishnu was brought in to our hospital by his mother on 20th January 2025. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot water while he was at home. His mother slipped with hot water bucket and child was behind, suddenly Master Vishnu came in contact with hot water accidently 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 face area, neck area, back area and arms 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 9 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 Funds - RMO, Nursing, Consultants & Specialists Funds - Dressing & Procedures Funds - Rehabilitation (Physiotheraphy) 8,000.00

62,000.00

Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	281,000.00
Total (in words):	Two Lakh Eighty One Thousand Only
Fund Requirement - Follow Up	
Please find below the detailed fund requirement for Follow Up period of 1.5 Mo	nth Post Discharge.
Funds - Follow Up Visits & Dressings	4,000.00
Total (in numbers)	4,000.00
Total (in words):	Four Thousand Only
50	
Fund Requirement - TOTAL	30
Stage 1	281,000.00
Stage 2	4,000.00
Total (in numbers)	285,000.00
Total (in words)	Two Lakh Eighty Five Thousand Only
T.	
	<i>y</i>

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



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

श्नीमान अध्यक्ष श्रीमान अध्यक्ष श्लिप इचिड्रचा रूस्ट श्री-४3 वेस्नमेन्ट साउच्य श्कारन पार्टे-२ बर्ड-दिल्ली -49

विषय-उनिर्धेद श्नरायता हैतु प्राचिना-पत्र

मर्।५म

स्वित्य विवेदन यह है कि मेरा नाम शकेरा कुमार है, मेरा निगरन रखान स्वार पुर है, मेरे केंट का जाम विष्णु है तर, श्वर्ण की है मेरी पत्नी गर्म पानी की का ली लेक र ता श्री थी उरने के पीरे हैं मेरा केंटा श्वेदन श्रा था अन्यान्य मेरी पत्नी का पेर पिरन्त अया किस का रण मेरा केंटा उरन गर्म पानी श्रेन जाना कि न्यों के इलात कें लिए गेए हा के विज्ञायक द्रास्पीर के लेकर र अरामा दिनांक २०-१-२५ की भरों पर भरी उरामा दिनांक २०-१-२५ की भरों पर भरी उरामा उसके इलाज के लिए २ लाख 85 रआर २ ममी का श्वा की वताया गमा तो कि में भर श्वा उठानों में अञ्चलकी हैं अतं अप भरी मती दान है कि मेरे का को के दलात के लिए श्वरामता प्राची प्राची की स्व

रेश मानाम विष्णु उम – २वर्ष प्रा– स्ट्रायपुर

अग्पती जातकृषा होगी अगपता प्राची शबेश कुमार



A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 1863 24-25

Room No. 206 Catagory

Date of Admission 20 1 25



Name MASTER VISHNU	Unit / Consultant DR. ASHOK KUMAR VERMA
SIN, DIO, WIO MR. RAKESH KUMAR	
Occupation	Date of Discharge
Age 24RS 9 MONTHS sex M	Provisional Diagnosis
Father's / Husband's Name Address RAJOMANI FOLDING PILARNOGO MAIN DADRI ROAD NEAR SAZARRIR	Final Diagnosis OLICE (HOWK) NOTOA Infectious nature of disease: Yes/No
Advance Receipt No	Outcome : LAMA / Stable / Improved / Cured / Died Death Record filled by Dr.
For Rs Name & Address of accopanying relative	FOR DELIVERY CASE ONLY Date and Time of Delivery
Phone: Office	Shifted from Room No to
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	On
ASSOCIATION OF STREET AND SOCIAL CONTRACTOR	undable after adjustment of advance Rs.



MLC NO - 3799



25471

EMERGENCY ASSESSMENT

NAME MAST.VISHN	The state of the s
Personal History	Chief Complaints
Alcohol / Smoking / Tobacco Chewing / other	The above mentioned child was hneugh
Allergy	by his mother at 3:15 pm on 20-1-25
Past History	
Diabetes / HT / IHD / TB OTHER	A/H/O imident happened with her mother a
Menstrual History	home at 2:00 pm, the mother was carrying
Current Medication	house water at un purhet when she slipped
Vaccination Status	and his chied was behind her, so he get burnt with that boiling waln spillings
Inital Assessment &	GILLI IIIIIII DOG
Examination	Treatment unidest happened at Lajdhand felding, Near Salarpur police chanks, hillander destrict the sold of the salar formed in the salar formed i
Pulse Rate - 131/h	real Salarpur police charike, Killar
BP- MT	pelating
Resp Rate - 271m	an Mail agour Miller
Temp - 98.6°F	al- a lace, nece, both uppear
Ht/Wt-	Off - sour our frace.
Spo2 - 994.	and best & all (Informed)
1 RBS - 532 meld	Of E - But ou jace, nucl, buth upperant and back & dol CBSA. L Adul & Or. A.K. Verma (Informed)
adjuned	9NI. EFFCORLIN 25 IV 12mly
TRIAGE CODE	SKY ON EFFCORION 25 IV Iring ON DEXA 12 amp IV I Liney
P1 RED	ani. TAZACT ISOO mg IV Tuning
P2 DYELLOW	and anikacin looma IV louring
P3 GREEN	on, smikacin 100mg iv 12ming
P4 BLACK	SN, part 23 local 10 standy
	on, risoviac 1/2 amp 10 enting.
Dietary Advise & NPO	ort. RONTAC 1/2 amp IV elindy. OVF RL/ - 600 ml in 1st 8hrs
Preventive Care till	Ret 600 me in neut 16 hr
guittur order.	Reproduction of the R. I.
	PEDIA REFERMAL TO BEDONE Dr. REENAJAIN

