



Ref. No.: FRR/Vinayak/10060/2024-25

Dated: 01.03.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Karan Das.

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

Father Name: Jitendra Das.

Address: B-2 B House Number 204 Janakpuri Delhi.

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 01/03/2025

Overall Analysis: The patient - Master Karan Das was brought in to our hospital by his father - Mr. Jitendra Das on 1st March 2025. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot rice water while he was at home. His mother was making food for her family, suddenly Master Karan contacted 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 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 2 Weeks of treatment.

| | |
|---|---|
| Funds - Hospital Stay | 42,000.00 |
| Funds - RMO, Nursing, Consultants & Specialists | 42,000.00 |
| Funds - Dressing & Procedures | 41,000.00 |
| Funds - Rehabilitation (Physiotherapy) | 3,000.00 |
| Funds - Medicines + Consumables + Transfusions | 41,000.00 |
| Funds - Pathology & Diagnostics | 8,000.00 |
| Total (in numbers) | 177,000.00 |
| Total (in words): | One Lakh Seventy Seven 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 | | 3,000.00 |
| | Total (in numbers) | 3,000.00 |
| | Total (in words): | Three Thousand Only |
| Fund Requirement - TOTAL | | |
| | Stage 1 | 177,000.00 |
| | Stage 2 | 3,000.00 |
| | Total (in numbers) | 180,000.00 |
| | Total (in words) | One Lakh Eighty Thousand Only |

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



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

AO/AD

सेवा में

श्रीमन् उच्चयक्ष

रिलिफ डायलयाइसिस

श्री-63 वेसमेंट शाउथ स्कन पार्टी - 2

नई दिल्ली - 49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

शुविनाथ निवेदन यह है, मेश नाम जितेंद्र दास है। मेश निवाहन स्थान जन्कपुरी दिल्ली है, मेश बेटे का नाम कशन दास है, वह 3 साल का है वह घर में खेला रहा था पास में गश्म पावल का पानी रखा था लीन में गीर के लोन गया दिन वलदा से लुच्ये के इलाज के लिए में 32ने नोएडा के विनाथक हॉस्पिटल लेकर आया और दिनांक 1-3-2025 को यहाँ पर भर्ती कराया, वहाँ पर उसके इलाज के लिए 1 लाख 80 हजार रुपये का खर्चा बताया गया, जो कि मैं यह खर्च उठावे में असमर्थ हूँ, अतः आपसे निवेदन है मेरे बेटे के इलाज के लिए सहायता प्रदान करें।

दिनांक
1-3-25

आपकी अतिवृत्ता होगी
आपका प्रार्थी
जितेंद्र दास



25828

EMERGENCY ASSESSMENT

NAME MAST. KARAN DAS AGE / SEX 34 / M DATE 01/03/2025 UHID 20184
@ 7:15 Am.

Personal History

Alcohol / Smoking / Tobacco

Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication

Vaccination Status

Initial Assessment & Examination

Pulse Rate - 102 bpm.

B P - 100 / 66 mmHg.

Resp Rate - 26/min.

Temp - 98.8 F.

Ht / Wt - 10 kg.

SPO₂ - 99% @ RA

Investigations 2233 134

TRIAGE CODE
P1 RED
P2 YELLOW
P3 GREEN
P4 BLACK

Dietary Advise & Preventive Care

High Protein diet

Chief Complaints

Pt. Brought to casualty 2 A/H/O Burns, which happened yesterday 28/2/25 at approx 6:30 Am, at his home, when he fell into Bowl of rice and water. Pt was taken to Mata Luvvi Hospital Tilak Nagar, from where after initial aid he was Referred to DDU hospital, Hari Nagar, from where he was seen by

Treatment

JR- Plastic surgery, and Referred to Sabdarjung hospital I/V/O unavailability of Burn ward. Pt was seen on O.P.D. basis in Sabdarjung hospital.

No h/o LOC/seizures/fever/vomiting.

U/E - Scald Burns 2-3" on Back, ^{and hospital.}
→ BIL Buttocks

TBSA ≈ 30-32%

→ Back or BIL Thighs
2 Perineal area spared.

RL - Stable, conscious, oriented.

S/E - CVS J. NAD P/A Soft BS ⊕
CNS J. NAD RIS. BIL AE ⊕

→ Admit Pt. in Burn ward ↓ Dr. A.K. Verma.

Name & Sign Of Doctor

Rx - JND. MONOCEF 250 mg IV 12 hourly (AS-7)
- JND. AMFACIN 50 mg IV 12 hourly.

P.T.O.

T. RAJAN MLC No-3810

UHID - 20184



VINAYAK HOSPITAL

V.H. No. 2078/24-25

Room No. 202 Category

Date of Admission 1/08/25



A Unit of Chaudhary Nursing Home Pvt. Ltd.

Name MASTER. KARAN DAS

S/o, D/o, W/o MR. JITENDRA DAS

Occupation

Age 3 4/8 Sex M

Religion HINDU

Father's / Husband's Name

Address B-2 B H.No-204 JANAKPURI DELHI

Phone : Office Res

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

Phone : Office Res

R.M.O. Dr. SAURABH Informed at 7:19 AM

Admitting Dr. ASHOK KUMAR VERMA Informed at 7:19 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 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

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

For Rs. Received / Refundable after adjustment of advance Rs.

Authorised Signatory

