









Ref. No.: FRR/Vinayak/1041/2020-21

Dated: 11.06.2020

## PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Aaradhya .

Sex: Female Age: 1.5 year .

Father Name: Mr.Atul.

Address: Khora Colony Rajeev Nagar Ghaziabad (U.P.) .

Diagnosis: Approx 40% Thermal Burn.

Date of Admission: 10/06/2020.

**Overall Analysis:** The patient - Baby Aaradhya - was brought in to our hospital by her father - Mr. Atul on 10th June 2020. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot milk while she was at home. The child was playing at home and contacted with hot milk when her mother was warming milk for her, she fell into hot milk so that she burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 40% TBSA Thermal Burn Injury. The Burns are on Chest, abdomen, hands and legs area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 1.5 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. face Physiotherapy sessions and Pressure Garments would also be advised to achieve the best possible results against a possible pulmonary collapse and for a contracture and scar free recovery.

### Visuals:



### Fund Requirement - During Hospital Stay

Please find below the detailed fund requirement for the first 3 Weeks of treatment.

Funds - Hospital Stay(ICU and Ward)	55,500.00
Funds - RMO, Nursing, Consultants & Specialists	54,500.00
Funds - Dressing & Procedures	70,500.00
Funds - Rehabilitation (Physiotherapy)	7,000.00
Funds - Medicines + Consumables + Transfusions	61,500.00
Funds - Pathology & Diagnostics	16,000.00
<b>Total (in numbers)</b>	<b>2,65,000.00</b>
<b>Total (in words):</b>	<b>Two Lakh Sixty Five Thousand Only</b>

**Fund Requirement - Follow Up**

Please find below the detailed fund requirement for Follow Up period of 1.0 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	2,65,000.00
Stage 2	5,000.00
Total (in numbers)	2,70,000.00
Total (in words):	Two Lakh Seventy Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Baby Aaradhya .



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

AQ/AD



सेवा में

श्रीमान अध्यापक

स्मार्टल इंडिया ट्रस्ट

SDA 21, Sector 45, Noida

(U.P.)

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र

महोदय,

सविनय निवेदन यह है, मेरा नाम अतुल है। मेरा निवास स्थान खोज कालोनी राजीव नगर गाजियाबाद में स्थित है। मेरी बूढ़ी बेटी है जिसका नाम अराध्या है। जिसकी आयु 56 वर्ष की है। मेरी बेटी अराध्या घर में खेल रही थी। अचानक खेलते-खेलते वह बर्तन में रखे गर्म दूध के पास पहुँच गयी; जिससे वह जल गयी। इसके इलाज के लिए मैं उसे नोस्था के विनायक हॉस्पिटल लेकर गया और ट्रिनांक 10-06-2020 को वहाँ पर भर्ती कराया, वहाँ पर उसके इलाज के लिए दो लाख सत्तर हजार रुपये का खर्चा बताया गया, जो कि मैं यह खर्च उठाने में असमर्थ हूँ। अतः आपसे निवेदन है कि मेरी बेटी के इलाज के लिए सहायता प्रदान करें।

ट्रिनांक  
10-06-2020

बेटी का नाम - अराध्या

उम्र - 56 वर्ष

पता - खोज कालोनी

राजीव नगर

गाजियाबाद

आपकी आज्ञा कृपा होगी,

आपका प्रार्थी

अतुल



# VINAYAK HOSPITAL™

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

Website : [www.vinayakhospital.org.in](http://www.vinayakhospital.org.in)

V.H. No. 200339/20-21

Room No. 511 Category .....

Date of Admission 10/06/2020

Name BABY - AARADYA

S/o, D/o, W/o MR - ATUL

Occupation .....

Age 1 1/2 YRS Sex M F

Religion HINDU

Father's / Husband's Name .....

Address KHORA COLONY, RAJEEV NAGAR, GZB

Phone : Office ..... Res. .....

Advance Receipt No. ..... Date .....

For Rs. .....

Name & Address of accompanying relative .....

MR - ATUL  
(FATHER)

Phone : Office ..... Res. .....

R.M.O. Dr. PINTU . KUMAR Informed at 02:22 PM

Admitting Dr. A. K. VERMA Informed at 02:22 PM

[Signature]  
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]  
Signature of Patient / Relative

Unit / Consultant DR - A. K. 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





## EMERGENCY ASSESSMENT

NAME 6548 RASHI PARADYA AGE / SEX 1 1/2 DATE 10/6/20 UHID 10/6/20

### Personal History

Alcohol / Smoking / Tobacco

Chewing / other

### Allergy

### Past History

Diabetes / HT / IHD / TB

### OTHER

### Menstrual History

### Current Medication

### Vaccination Status

### Chief Complaints

At brought to casualty  
old case of thermal  
burn. large raw areas  
of non healing wound  
type.

### Initial Assessment &

### Examination

Pulse Rate - 112 /m

B P -

Resp Rate - 28 /m

Temp - (41)

Ht / Wt -

### Investigations

8 hr cut / non  
cuts / non  
chr bu mo  
10 so hr 38

### Treatment

PLAN: Large skin grafting  
(SSG & LA)

Adv.

As per casualty  
dressing done.

Dietary Advise &  
Preventive Care

CASUALTY MEDICAL OFFICER  
VINAYAK HOSPITAL  
Name & Sign of Doctor  
AIDA

# CASE SHEET

A Unit of Chaudhary Nursing Home Pvt. Ltd.)  
NH-1, Sector-27, Atta, Noida-201301

Website : [www.vinayakhospitalnoida.com](http://www.vinayakhospitalnoida.com)



**VINAYAK  
HOSPITAL**



VH No. .... Ward/Bed ..... Name ..... Age/Sex .....

Consultant/Unit ..... D.O.A. ....

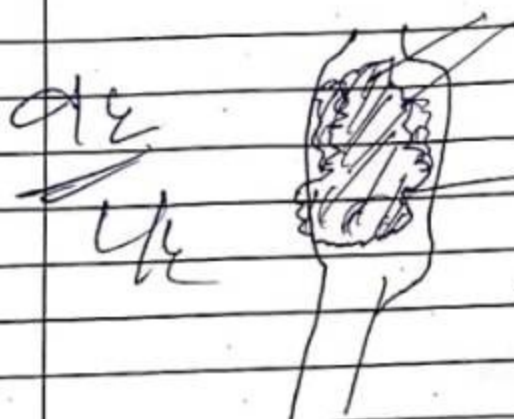
## PROGRESS NOTES

10/6/2020

C/SIB DR. A.K. Verna (Surgeon)

Old case of thermal burn

large raw area of non-healing wound type



- very large raw wound area
- Lt. chest (+) Axilla
- Lt. Ant. & Post. abd. part
- (dole)
- Soreness (+ve)

- G-C-O-C
- Afebrile, vitals = WNL
- No pus/cr/cr/cr/cr
- Hydration & Nutrition maintained

adv

- Admit
- full chest (High Protein)
- CBC, LFT, KFT, PT/INR
- x-ray chest
- PAC for large skin grafting

Plan 8/1  
large skin grafting  
(SSU 1 unit)

1/2





