



Ref. No.: FRR/Vinayak/1061/2020-21

Dated: 13.01.2021

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Anushka .

Sex: Female **Age:** 9 Months .

Father Name: Mr.Kamlesh Kumar.

Address: Kashyap Colony Sector 48 Noida Gautam Budh Nagar (U.P.).

Diagnosis: Approx. 30% Thermal Burn.

Date of Admission: 12/01/2021

Overall Analysis: The patient - Baby Anushka - was brought in to our hospital by her father - Mr.Kamlesh Kumar on 12th January 2021. The child has sustained Thermal Burn Injury due to accidentally coming in contact with bonfire while she was at home. The child was in mother's lap at home, while her mother warming her body with bonfire, suddenly child dropped into bonfire so she contacted with fire and burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 30% TBSA Thermal Burn Injury. The Burns are on face area, hand area and head area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 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. Chest 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)	53,000.00
Funds - RMO, Nursing, Consultants & Specialists	51,000.00
Funds - Dressing & Procedures	62,000.00
Funds - Rehabilitation (Physiotherapy)	8,000.00
Funds - Medicines + Consumables + Transfusions	55,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	244,000.00
Total (in words):	Two Lakh Fourty Four 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	6,000.00
Total (in numbers)	6,000.00
Total (in words):	Six Thousand Only
Fund Requirement - TOTAL	
Stage 1	244,000.00
Stage 2	6,000.00
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 Anushka



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

श्रीमान लखन
स्मार्ट गीटा ट्रस्ट
SDA 21, Section 45, Noida
(U.P.)

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र

महोदय, सविनय निवेदन है, कि मेरा नाम कमलेश है,

मेरा निवास स्थान नोएडा सेक्टर-48 करयम
कालोनी में स्थित है, मेरी रण्ड बेटी है, जिसका
नाम अनुष्ठा है, जिसकी आयु नौ महीने की है
घर के सभी लोग जलते हुए अलाव के पास बैठे
हुए थे मेरी बेटी अनुष्ठा अचानक से माँ से
फिरल गयी और जलते हुए अलाव की चपेट
में आ गयी, जिससे वह जल गयी, इसके इलाज
के लिए मैं उसे नोएडा के विनायक हॉस्पिटल लेव्हर
गया और ट्रिनांक 12-01-2021 को वहाँ मर भर्ती
कराया वहाँ मर कराने इलाज के लिए द्रो लाख
मचार हजार रुपये का खर्च बताया गया जो कि
मैं यह खर्च उठाने में असमर्थ हूँ अतः आपसे निवेदन
है कि मेरी बेटी के इलाज के लिए सहायता प्रदान
करे।

दिनांक
20/1-2021

बेटी का नाम - अनुष्ठा
उम्र - 9 महीने
माता - करयम कालोनी
सेक्टर-48 नोएडा
(यू.पी.)

आपकी आति कृपा होगी,
आपका प्रार्थी
कमलेश



**VINAYAK
HOSPITAL**



File-3342

EMERGENCY ASSESSMENT

9448

NAME Baby Anushka AGE / SEX 9 months / F DATE 12/01/2021 UHID Al-6:00 PM

Personal History

Alcohol / Smoking / Tobacco

Chewing / other ☒

Allergy ☒

Past History ☒

Diabetes / HT / IHD / TB

OTHER ☒

Menstrual History

Current Medication

Vaccination Status

Chief Complaints

A 9 months baby girl brought to the casualty by her parents with alleged H/o. Bruise injury from fire on 4:00 PM on 12/01/2021 at home Kashyap colony sec-48 alodga. Brought to the casualty at 5:50 PM on 12/01/2021.

- Ac-critical

- SpR - 96 + - on Rst

Initial Assessment & Examination

Pulse Rate - 150 bpm

B P - 2

Resp Rate - 24 / min

Temp - 38.0

Ht / Wt - 6 kg

Investigations

DR. A.K. Vora

DR. A.K. Vora

DR. A.K. Vora

DR. A.K. Vora

DR. A.K. Vora

DR. A.K. Vora

DR. A.K. Vora

DR. A.K. Vora

DR. A.K. Vora

DR. A.K. Vora

DR. A.K. Vora

DR. A.K. Vora

DR. A.K. Vora

DR. A.K. Vora

DR. A.K. Vora

DR. A.K. Vora

Treatment

SpR - 96 + - on Rst

- Ac-critical

- SpR - 96 + - on Rst

- Ac-critical

- SpR - 96 + - on Rst

- Ac-critical

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- Ac-critical

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- Ac-critical

- SpR - 96 + - on Rst

- Ac-critical

- SpR - 96 + - on Rst

- Ac-critical

Dietary Advise & Preventive Care

high protein diet
fluid intake

CASUALTY
VINAYAK
12/01/2021

Name & Sign Of Doctor

DR. A.K. Vora

DR. A.K. Vora

DR. A.K. Vora

DR. A.K. Vora

MLC-110-3342



VINAYAK HOSPITAL™

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

V.H. No. 2002813 / 20-21

Room No. 508 Category

Date of Admission 12/01/21

Name BABY ANUSHKA

S/o, D/o, W/o MR. KAMLESH

Occupation

Age 9 MONTH Sex F

Religion HINDU

Father's / Husband's Name

Address SEC-48, KASHYAP COLONY.

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative FATHER

MR. KAMLESH

Phone : Office Res.

R.M.O. Dr. ASHOK KUMAR Informed at 05:55 PM

Admitting Dr. A. K. VERMA Informed at 05:55 PM

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. 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



