





Ref. No.: FRR/Vinayak/1027/2020-21

Dated: 06.04.2020

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Ganjan .

Sex: Female Age: 8 year .

Father Name: Mr.Satyaveer.

Address: Vill.Havetpur Radha Krishna Mandir, Greater Noida (U.P.) .

Diagnosis: Approx 45% Thermal Burn.

Date of Admission: 06/04/2020.

Overall Analysis: The patient - Baby Ganjan - was brought in to our hospital by her father - Mr. Satyaveer on 6th April 2020. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot oil while she was at home. The child was playing at home and contacted with hot oil when her mother was warming oil for making food, she fell into hot oil so that she burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 45% 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 8 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 4 Weeks of treatment.

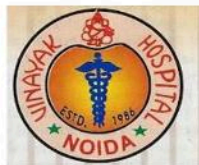
Funds - Hospital Stay(ICU and Ward)	75,500.00
Funds - RMO, Nursing, Consultants & Specialists	85,500.00
Funds - Dressing & Procedures	90,500.00
Funds - Rehabilitation (Physiotherapy)	7,000.00
Funds - Medicines + Consumables + Transfusions	85,500.00
Funds - Pathology & Diagnostics	17,000.00
Total (in numbers)	3,61,000.00
Total (in words):	Three Lakh Sixty One Thousand Only

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	4,000.00
Total (in numbers)	4,000.00
Total (in words):	Four Thousand Only
Fund Requirement - TOTAL	
Stage 1	3,61,000.00
Stage 2	4,000.00
Total (in numbers)	3,65,000.00
Total (in words):	Three Lakh Sixty Five Thousand Only

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



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 अध्यक्ष

स्माइल इंडिया ट्रस्ट

SDMR1, Sector 45, Noida

(U.P)

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

सहोदय,

सबिन्ध निवेदन यह है मेरा नाम सत्यवीर है मेरा निवास स्थान ग्रेटर नोएडा के गांव हैवातपुर में स्थित है मेरी एक बेटी है जिसका नाम गुन्जन है जिसकी आयु आठ वर्ष की है मेरी बेटी गुन्जन गर्म तेज की वजह से जल गयी इसके इलाज के लिए मैं उसे नोएडा के बिनाथक हॉस्पिटल लेकर गया और दिनांक 05-04-2020 को वहां पर भर्ती कराया वहां पर उसके इलाज के लिए तीन लाख में सठ 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 करें।

दिनांक
05-04-2020

बेटी का नाम - गुन्जन
उम्र - 8 वर्ष
पता - गांव हैवातपुर
ग्रेटर नोएडा
(फू पी 0)

आपकी अति कृपा होगी।
आपका प्रार्थी
सत्यवीर

6358

MLC - 3297
EMERGENCY ASSESSMENT

PVT

NAME BABY GUNJAN

Personal History
Alcohol / Smoking / Tobacco
Drugs / other

AGE / SEX F/8

DATE 05.4.2020 HID 200013

Chief Complaints

1040 AM
#10 Fall from the charpoy while asleep at 10PM last night. The girl child fell on the hot vegetable can and sustained injury. Initial 1st Aid T.T. & dressing was done locally.

Treatment

B.B. father -
Location - Home
Time - 10PM

Child is stable. Vomiting off & on on exam
Burn (Scalds)

Entire chest, some part of lower abd, left upper thigh and L hand

Remains all area spared
Passed Urine in the morning

- ① 2nd Enrol 4mg IV stat & Aug 1V stat
- ② 2nd Pain 40, 2mg IV stat

③ IV - RL @ 500ml

④ Symp Augmentin 10ml TDS

⑤ Dressing with Silverex & Xylol

Name & Sign Of Doctor

[Signature]

Advise & Care

MLCNO! - 3297



VINAYAK HOSPITAL™

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

V.H. No. 2000013
 Room No. 510 Category
 Date of Admission 05/04/2020

Name BABY GUNJAN
 S/o, D/o, W/o MR. SATYAVEER

Occupation

Age 8 yrs Sex F

Religion HINDU

Father's / Husband's Name

Address VILL - HAVETPUR, RADHA

KRISHAN MANDIR, GREATER NOIDA

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

MR. SATYAVEER

(FATHER)

Phone : Office Res.

R.M.O. Dr. S.K. BEHERA Informed at H.N.A.

Admitting Dr. A.K. VERMA Informed at H.N.A.

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

Satyaveer

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

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

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

Authorised Signatory



