



MLC 3014	
VINAYAK HOSPITA	Date of Admission OSIO1018
Name MASTER NAVI BAATI	Unit / Consultant DR.
Case Dis Will ADR JOGINDER BHATI Occupation	Date of Discharge
Age 1 4 yes . Sex M Religion HILASDED	Provisional Diagnosia
Patters Multimes Name Address VILL- TUSHYANA POSS-KULE Dr.G. B. MARAR U.P.	Exp Diagnosis
Phone Office	Infectious nature of disease : Yes/No
Advance Receipt No. Date	Outcome : LAMA/Stable/Improved/Cured/Died
For Re.	Death Record filled by Dr.
Name & address of accompanying relative UNCLU	FOR DELIVERY CASE ONLY Date and Time of Delivery
	New Born : Male / Fernale
Phone Office Res. R.M.O.D. PINTU KUMA Rotormed at 7:39.P.	
Admitting Dr. SAURAPST Informed at 7: 39P.	
GUPTA	00
Recarding	Shifted from Room No 10
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	Shifted from Room No
Lagree that I am keeping no valuables with me in the Hospital and no one will be responsible in the events of theft if any	
Signature of Patient/Relative	

Discharge Date	Te	ne	Bill No./FLNo		
For As	Re	ceived / Refundabl	e after adjustri	ent of advar	nce As

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VINAYAK HOSPITAL A Goal of Chandbury Norming Horne Pol. Ltd.J. NH.4, Sector.37, Ame. Mobile-201301, Tel, No. | 0120-4504400 (99 Lines), 2444227, 2444333 11 MERTY BOILY 31194 Watabalte | www.virosyaktu-apital-unida.com R. CASUALTY RECORD Reg. No. Age/Sex: 1,4 y/m Patient's Name : MARTELE MIDLE ANAME Occupation D/O. SHO, W/O _ MR. TOCHENDER MURTE Occupation : Address: JOH- TURY POAR PUST FULLERA -C.B. MAGAR UP Phone No. L. Comment Name : D.L.S. CouperA Dept.: Placher Surger ELATE Of beaught to consulty i 1234 MIMO. scald burn i hot 21.391-User'd out home at surpri 10 adjusud on 812/18 grand by B1B all C. ButtA Les Burn i Geald burn E hat Usu'd (deer burn) A: Geald been ? OB rul: 13202 Ad gh pcm. sons ar An Ur- 58,204 Av2 283 24 Renter 10 and 10 p CNS HAD Ent elo-r & 2pm/ cher guarer dreesing out code of 1 - minus FIR Soft PAR

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PROFORMA INVOICE / FUND REQUISITION REPORT:

'Raah'

(A Vinayak Hospital Noida Initiative)

Patient Name: Master Navi Bhati . Sex: Male Age: 1.5 Years .

Father Name: Mr.Joginder Bhati.

Address:Village. Tusiyan Post. Kulsera, G.B.Nagar, UP

Diagnosis: Approx 35% Thermal Burn.

Date Of Incedent :8/07/2018

Date of Admission: 9/07/2018

Overall Analysis:

The patient - Master Navi Bhati was brought in to Vinayak Hospital, Sector-27, UP by his father - Mr.Joginger Bhati at 09:10 PM on 8.07.2018. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot water while his mother was cooking at home. The child was playing at home and contacted with hot water so that he burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 35% TBSA Thermal Burn Injury. The Burns are on ,chest,hands,legs,back ,stomach and hip 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. 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.



Fund Requirement - During Hospital Stay	
Please find below the detailed fund requirement for the first 4 Weeks of tr	reatment.
Funds - Hospital Stay	56,000.00
Funds - RMO, Nursing, Consultants & Specialists	56,000.00
Funds - Dressing & Procedures	1,25,000.00
Funds - Rehabillitation (Physiotheraphy)	15,000.00
Funds - Medicines + Consummables + Transfusions	1,55,000.00
Funds - Pathology & Diagnostics	43,000.00
Total (in numbers)	4,50,000.00

Total (in v	Total (in words):	
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		25,000.00
Total (in numbers)		25,000.00
Total (in v	words):	Twenty Five Thousand Only
Fund Requirement - TOTAL		
Stage 1		4,50,000.00
Stage 2		25,000.00
		4,75,000.00
Total (in numbers)		4,75,000.00

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Master Navi Bhati .



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

AO/AD





