





Ref. No.: FRR/Vinayak/1083/2021-22

Dated: 10.08.2021

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Dev .

Sex: Male **Age:** 5 Years .

Father Name: Mr.Hari Om.

Address: Sadarpur Sector 44 Noida (U.P.).

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 10/08/2021

Overall Analysis: The patient - Master Dev Kumar - was brought in to our hospital by his father - Mr.Hari Om - on 10th Aug 2021. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot milk while he was playing at home. His mother was warming milk and suddenly he contacted with hot milk and got burnt. As a result of the incident, the child has sustained upto 2nd & 3rd Degree Deep 35% TBSA Thermal Burn Injury. The Burns is on face area, head area, shoulder area, neck area and chest area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 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.

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)	35,500.00
Funds - RMO, Nursing, Consultants & Specialists	37,500.00
Funds - Dressing & Procedures	58,000.00
Funds - Rehabilitation (Physiotherapy)	3,000.00
Funds - Medicines + Consumables + Transfusions	47,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	196,000.00

Total (in words):

One Lakh Ninty Six Thousand Only

Fund Requirement - Follow Up

Please find below the detailed fund requirement for Follow Up period of 1 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	196,000.00
Stage 2	4,000.00
Total (in numbers)	200,000.00
Total (in words):	Two Lakh Only

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



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 अध्यक्ष

ए- गिगलस बेलफेयर आर्गनाइजेशन

सी- 63 बेसमेंट खाऊथ स्ट्रस पार्क-2

नई दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय - भविष्य निवेदन यह है कि मेरा नाम हरिओम है

मेरा निवास स्थान - सदरपुर सेक्टर-44 नोएडा (U.P.)

है मेरा एक बच्चा है जिसका नाम देव कुमार है।
जिसकी आयु 5 वर्ष है (07/08/2016) को मेरी पत्नी
ने गर्भ द्रुष्ट रखा था और मेरा बच्चा बेड पर खेत
बहा था और अचानक से वो बेड से नीचे गिर द्रुष्ट
में गिर गया और जल गया जिसके इलाज के
लिए मैं उसे नोएडा में विभागीय हास्पिटल लेकर गया
(10/08/2021) को वहाँ पर भर्ती कराया जहाँ पर उसके
इलाज के लिए दो लाख रुपये का खर्च बताया गया
जो कि मैं खर्च उठाने में असमर्थ हूँ अतः आपसे
निवेदन हूँ कि सहायता प्रदान करें आपकी अति
कृपा करें होगी।

आपका प्राणी

बेटे का नाम - देव

हरिओम

उम्र - 5 वर्ष

रश्मि

पता - सदरपुर

सेक्टर-44 नोएडा

(U.P.)

दिनांक
(10/08/2021)



OPD INITIAL ASSESSMENT

18627

NAME Dev. Kumar AGE / SEX m/Syr DATE 10/8/2021 UHID

Chief Complaints

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 - 102bnt

B P -

Resp Rate - 30bnt

Temp - 98.6

Ht / Wt - 19kg

99cm

Investigations

Treatment

cl - Scald burn by hot milk

on 07/8/2021

↓ Received primary treatment outside

facial burn & neck &

head (4) chest (7) chest



cl =

TBSA = 27%

Deep

RBS.

Adv Dressing (4) Wound debridement

1> 9ml. merocel (500mg) IV Bi

2> 9ml. Amikacin (150mg) IV Bi

3> Sup. Ibuprofen plus (150mg) - TDS

Name & Sign Of Doctor

4> Sup. T. Lanzole Junior 1 tab - Q

S.V. fluid RL/DMS @ 60mg/hour.

Dietary Advise &
Preventive Care



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2102064 / 21-22

Room No. 511 Category

Date of Admission 10/08/21



Name MASTER. DEV KUMAR

S/o, D/o, W/o MR. HARI OM

Occupation

Age 5 YRS Sex M

Religion HINDU

Father's / Husband's Name

Address SARDARPUR, SEC-44,

NOIDA, U.P.

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative FATHER

Phone : Office Res.

R.M.O. Dr. ASIF Informed at 02:52 PM

Admitting Dr. ASHOK KUMAR VERMA Informed at 02:52 PM

45ha
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

GAUTAM
Unit / Consultant D.R. 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

if not admit

- 1) Symp. Cefaclor (6ml) - B₁
 - 2) Symp. Ibuprofen plus (5ml) - TDS
 - 3) Symp. Paracetamol (5ml) - B₁
- 1
Days.

Bo

www.agwo.org

