





सीमा मै,

श्रीमान अध्यक्ष

से एग गिगलस वेलफेयर आर्गनाइजेशन

सी-63, वैसमैट साक्य एक्सपार्ट-2
नई दिल्ली

विषय - मेरा बेटा करन के इलाज हेतु प्रार्थनापत्र

महोदय,

सर्वेनय निवेदन है कि मेरा नाम हरनाम सिंह है।
मेरी पत्नी से मजदूर हूँ। मेरे बेटे का नाम करन सिंह
है। जिसकी उम्र 3 साल है।

कुछ समय पहले मेरा बेटा खेलते वक्त आग की
चपेट में आ गया। जिससे उसकी दोनों टांगें
जल गयीं। जिसका इलाज "बर्न एंड ट्रामा सिक्यु
सेंटर" में चल रहा है। जिसका खर्चा लगभग
तीन से साढ़े तीन लाख अधिकतम बताया
गया है। मैं गरीब आदमी हूँ। मेरी आर्थिक स्थिति
बहुत ज्यादा खराब है।

अतः आपसे अनुरोध है कि मेरे बेटे के इलाज
हेतु आर्थिक सहायता प्रदान करने की कृपा करें।

प्रार्थी

PROFORMA INVOICE / FUND REQUISITION REPORT:

'UNNATI' (A Bihar Burn & Trauma Research Center Pvt. Ltd. Initiative)

Ref. No.: FRR/0011/09/2016-17

Dated: 02.09.2016

Patient Name: Master Karan Singh

Sex: Male Age: 3 Years

Father's Name: Sri Harnam Singh

Address: Village - Bagal, Tehsil - Guntur, Badam, Uttar Pradesh, India

Diagnosis: Approx 15% TBSA Thermal Burn with Unhealed Burn Wounds and Post Burn Knee Contracture in both Knees/Legs

Date of Accident: April, 2016

Date of Admission: 3 PM, 02nd September 2016

Overall Analysis:

The patient - Master Karan Singh had been brought in to our hospital by his father - Sri Harnam Singh at 3 PM on the 2nd September 2016. The exact date of accident/injury could not be ascertained, however it has been estimated to be a 4-5 month old injury based upon the attendant counselling at our center in Noida. The wounds are in an infected stage and untrained handling of the same have resulted in post burn contractures in both the knees. The treatment for about the next 8 - 10 days would seek to bring the wounds on a path to recovery and henceforth the contracture in one of the knees would be released surgically. After an observation period of 12 - 16 weeks after the first contracture release, the second surgery would be planned and executed in pursuance with the outcome. A rehabilitation strategy would then need to be followed for the next 12 weeks with the involvement of special types of dressings, splints, pressure garments and specialised physiotherapy sessions to achieve the best possible results.

Visuals:**Fund Requirement - Stage 1:**

Please find below the detailed fund requirement for the first 4 Weeks of treatment which would include the 1st Surgery for Contracture Release and a hospital stay of about 33 days inclusive of about 2 weeks of rehabilitation.

Funds - Hospital Stay	28,000.00
Funds - 1st Surgery	67,000.00
Funds - Rehabilitation (Materials)	15,000.00
Funds - Rehabilitation (Physiotherapy)	9,500.00
Funds - Medicines & Consumables	32,000.00
Funds - Pathology & Diagnostics	9,000.00
Funds - Staff, Consultants & Specialists	36,000.00
Total (in numbers)	1,96,500.00
Total (in words):	One Lakh Ninety Six Thousand and Five Hundred only

Fund Requirement - Stage 2:

Please find below the detailed fund requirement for the last 4 Weeks of treatment which would include the 2nd Surgery for Contracture Release and a hospital stay of about 24 days inclusive of about 2 weeks of rehabilitation.

Funds - Hospital Stay	19,000.00
Funds - 2nd Surgery	67,000.00
Funds - Rehabilitation (Materials)	15,000.00
Funds - Rehabilitation (Physiotherapy)	9,500.00
Funds - Medicines & Consumables	22,000.00
Funds - Pathology & Diagnostics	9,000.00
Funds - Staff, Consultants & Specialists	24,500.00
Total (in numbers)	1,66,000.00
Total (in words):	One Lakh Sixty Six Thousand only

Fund Requirement - TOTAL

Stage 1	1,96,500.00
Stage 2	1,66,000.00
Total (in numbers)	3,62,500.00
Total (in words):	Three Lakhs Sixty Two Thousand and Five Hundred only

BANK DETAILS for RTGS/NEFT:

Admission Registration



Patient Registration No.:

B-155

Date & Time of Admission:

2 Sep 2016 / 3 PM

Patient's Name:

Master Karan Singh

Patient's S/o, D/o, W/o, H/o:

Mr. Harnam Singh

Patient's Sex:

male

Patient's Age:

3y/m

Patient's Religion & Nationality:

Hindus

Patient's Address & Contact:

Vill - Bargoi Tah. - Gannaur Dist -
Bachau P.S - Gannaur State -
U.P.

Nearest Police Station:

Gannaur

Patient's ID Proof Details:

Attendant's Name:

Mr. Harnam Singh

Attendant's S/o, W/o, D/o, H/o:

Father (Mr. Harnam Singh)

Relationship (Patient):

Father

Attendant's Address & Contact:

Vill - Bargoi P.S + Tah - Gannaur
Dist - Bachau U.P.

Attendant's ID Proof Details:

Accident Place, Date & Time:

Purane ahamelpur @ Badha
Krishna mandir Delhi (5 month)

Accident Detail & History:

Previous Treatment Record:

MLC Details:

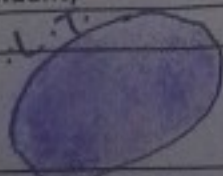
DECLARATION:

I/We hereby declare & undertake that the information provided in this performa is true to the best of my/our knowledge. I/We have been made to understand by the hospital staff that my/my/our patient's ailment (burn) is critical and its treatment is laden with the risk of life. I/We am getting myself/my/our patient admitted here at my own risk and will. In a possible case of my/my/our patient's permanent disability or death (Sudden or gradual) no doctor or staff of the hospital will be blamed or held responsible by me/us. I/We have been explained the cost of treatment by the hospital staff and during the course of my/my/our patient's treatment. I/We will ensure that all hospital, pharmacy, diagnostic & miscellaneous bills are never unduly challenged and paid on time by me/us. I/we also hereby undertake and agree to follow all the rules and regulations of the hospital and to co-operate with the hospital (BTRC) staff, local police and the government for any MLC (Medico Legal Case) formality and requirements. I/We also hereby undertake that I/We will be solely responsible for my/our valuables personal items & Belongings during my presence in the premises of BTRC & Vinayak Hospital.

Name & Signature (Patient / Attendant)

रामशोपाल (नाना)

Name & Signature (Witness)



हरनाम

Doctor Incharge:

Ward Details:

Advance Received:

Patient Category:

Any Other:

[Signature]

Signature (Staff - BTRC)

Consent Form For Operation And Procedures

Name. ~~master~~... Karan Singh [✓] Son/Daughter/Wife. ~~Mr.~~... Harman Singh

Age..... 3y/1m Bed/Ward..... ICU.

Informed consent

Authorization for medical treatment and performance of surgical operation and / diagnostic /therapeutic procedures.

1. I, the undersigned, a patient ICU /Ward of the patient in BTRC Hospital Noida authorize Dr. Anshumali Misra and whomsoever he may designate to administer such treatment as necessary and perform the following medical treatment surgical operation and diagnostic

2. The nature and purpose of the operation and/or procedure ,the necessity thereof, the possible alternative methods of treatment , prognosis ,the risks involved and possibility of complication [known and unforeseen] have all been fully explained to me to my satisfaction and fully understand the same .

3. It has been explained to me that during the course of the above said operation/procedure, unforeseen conditions may be revealed/encountered with, which may necessitate additional surgical or other emergency procedure, different from those contemplate and consented to at the time of initial diagnostic . I therefore authorised the above designated staff to perform such addition surgical or other procedure as they deem necessary or desirable.

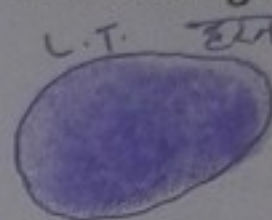
4. I further give consent to administration of such drug, infusions, plasma and blood transfusion, or any other investigation, treatment ,procedure as deemed necessary in judgement of the medical staff.

5. I state that I am having history of

understand and I have fully understood the implication of the above consent and further submit that statement therein referred to were filled in and any Inapplicable paragraphs stricken off before I signed/put my thumb impression.

Name, Signature & address of relative
of patient Witness {Preferably Relative}

Name & Signature

L.T. 

*{In case the patient is physically or
impression of mentally incompetent or is a minor, then consent
patient/ relative
Relative will be taken}

Thumb

Signature of a responsible

I CONFIRM THAT I HAVE EXPLAINED THE NATURE AND EFFECTS
OF THE OPERATION TREATMENT TO THE PERSON WHO HAS
SIGNED THE ABOVE CONSENT FORM.

Signature of surgeon:

Name:

Designation:

Date:

High Risk Consent

It has been explained to me and I have acknowledged that the risk to the patient, in my case, during and after the surgery is high / very high due to the following problems and their implication to surgical stress.

- 1.
- 2.
- 3.

Signature of surgeon

Date...


/ Thumb impression/Sign

of the patient / relative

21/01/2011
(नामा)



CHART FOR ESTIMATING SEVERITY OF BURN WOUND

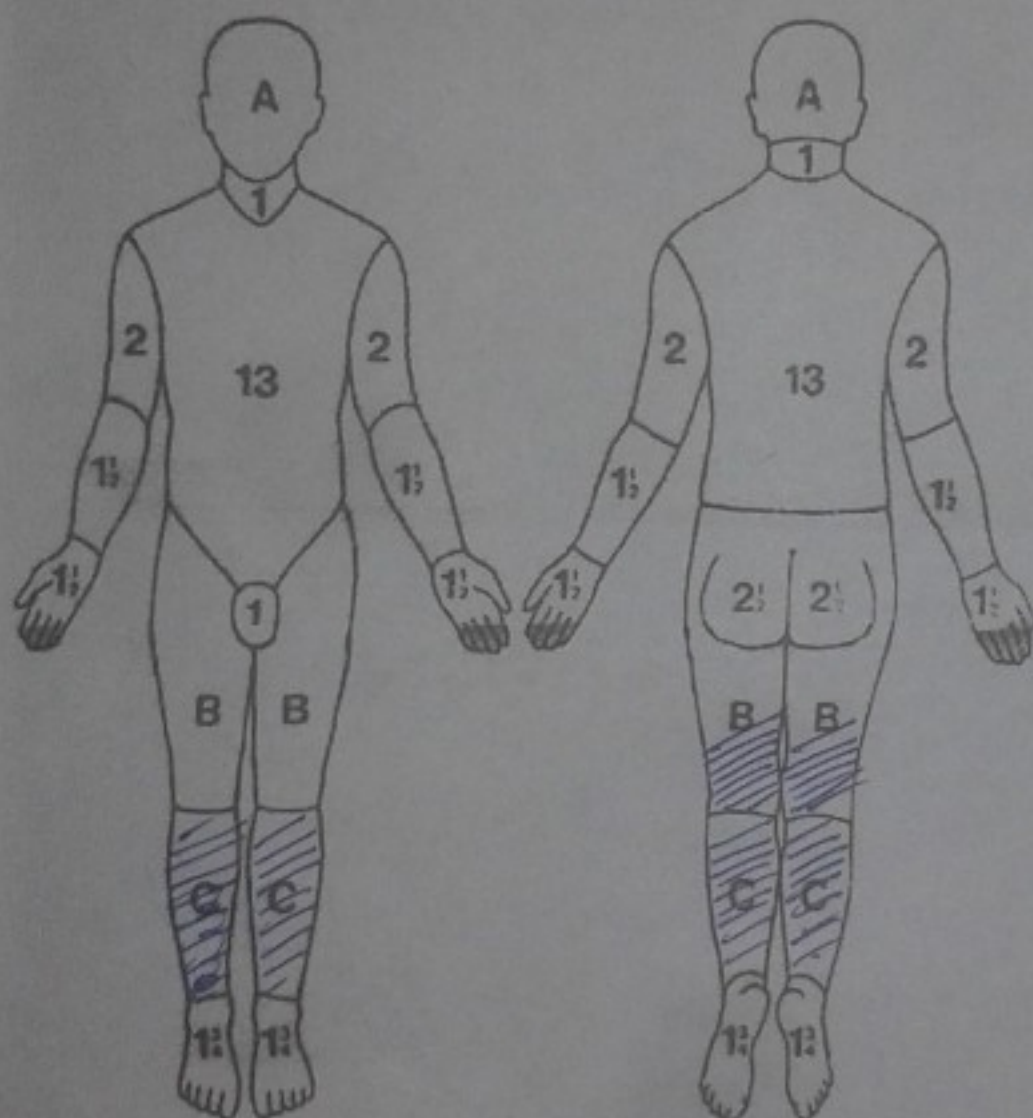
NAME... Karzan Singh WARD NUMBER DATE

AGE ... 34/m ... ADMISSION WEIGHT

LUND AND BROWDER CHART

IGNORE
SIMPLE ERYTHEMA

 Partial thickness loss (PTL)
 Full thickness loss (FTL)



REGION	%	
	PTL	FTL
HEAD		
NECK		
ANT. TRUNK		
POST. TRUNK		
RIGHT ARM		
LEFT ARM		
BUTTOCKS		
GENITALIA		
RIGHT LEG		
LEFT LEG		
TOTAL BURN		

RELATIVE PERCENTAGE AGE OF BODY SURFACE AREA
AFFECTED BY GROWTH

AREA	AGE 0	1	5	10	15	ADULT
A=1/2 OF HEAD	9 1/2	8 1/2	6 1/2	5 1/2	4 1/2	3 1/2
B=1/2 OF ONE THIGH	2 3/4	3 1/4	4	4 1/2	4 1/2	4 1/2
C=1/2 OF ONE LEG	2 1/2	2 1/2	2 3/4	3	3 1/4	3 1/2

Lund and Browder chart for estimating the size of burn as a percentage of body surface area.

Master - Karn Singh 34/m

S/o - Mr. Harnaam Singh

R/o - Vill - Bagori P.O + P.S. - Cunnour Dist.
Bachan U.P.

Date of admission - 21/09/16 at 3 PM

Adged H/o - accidental thermal burn

Purane Aahamedpur Raichee Krishna meender
Delhi

Not H/o - LOC / Vomiting / ENT bleeding

Post - H/o - No any medical and Surgical
illness

Diagnosis. Post burn and Contracture

ACU

CBC

LFT

KFT

HIV

HCN

HbSag

B. Group



CHEM

ICAL INDUSTRIES LTD.

ada Village,

396 210.



CHEM

INDUSTRIES LTD.

ada Village,

4 - 398 210.





INDONESIAN



CHEM

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