





Ref. No.: FRR/Vinayak/1055/2020-21

Dated: 05.10.2020

### PROFORMA INVOICE / FUND REQUISITION REPORT:

'Raah'

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Master Rishi .

**Sex:** Male **Age:** 8 years .

**Father Name:** Mr.Amit Singh.

**Address:** Kheri Colony Near Nahar NIT Faridabad Haryana.

**Diagnosis:** Approx 45% Thermal Burn.

**Date of Admission:** 05/10/2020

**Overall Analysis:** The patient - Master Rishi was brought in to our hospital by his father - Mr.Amit Singh on 5th Oct. 2020.The child has sustained Electrical Burn Injury due to accidentally coming in contact with 11000 high voltage while he was at home. The child was playing at home at roof and contacted with 11000 high tension wire which is passing with his home so that he 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 hands area,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. 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 treatment.

|   |                   |
|---|-------------------|
| Funds - Hospital Stay(ICU and Ward)             | 75,000.00         |
| Funds - RMO, Nursing, Consultants & Specialists | 65,000.00         |
| Funds - Dressing & Procedures                   | 95,000.00         |
| Funds - Rehabilitation (Physiotherapy)          | 8,000.00          |
| Funds - Medicines + Consumables + Transfusions  | 97,000.00         |
| Funds - Pathology & Diagnostics                 | 35,000.00         |
| <b>Total (in numbers)</b>                       | <b>375,000.00</b> |

**Total (In words): Four Three Lakh Seventy Five 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 | 5,000.00                        |
| Total (in numbers)                   | 5,000.00                        |
| Total (in words):                    | Five Thousand Only              |
|                                      |                                 |
| Fund Requirement - TOTAL             |                                 |
| Stage 1                              | 375,000.00                      |
| Stage 2                              | 5,000.00                        |
| Total (in numbers)                   | 380,000.00                      |
| Total (in words):                    | Three Lakh Eighty Thousand Only |

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



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

AO/AD

सेवा से

श्रीमान अध्यापक

ए-गिगल्स बेलफेयर आर्गनाइजेशन

सी-63 बेसमेंट साउथ स्वस मार्ट-2

नई दिल्ली - 49

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र

महोदय,

सविनय निवेदन यह है, मेरा नाम अभित सिंह है। मेरा निवास स्थान खेरी कावोनी फरीदाबाद में स्थित है। मेरा एक बेटा है जिसका नाम रिषि है जिसकी आयु आठ वर्ष की है। मेरा बेटा घर की छत पर खेल रहा था, घर की छत के पास डॉक्टर बिजली की वाइन जा रही है जिसकी चपेट में मेरा बेटा आ गया, और बुरी तरह से झुलस गया, मैं उसे इलाज के लिए सफ़दरजंग हॉस्पिटल लेकर गया, वहाँ पर उसका इलाज दो महीने चला, फिर मैं उसे नोरुजा के विनायक हॉस्पिटल लेकर गया और दिनांक 5-10-2020 को वहाँ पर भर्ती कराया, वहाँ पर उसके इलाज के लिए तीन लाख अस्सी हजार रुपये का खर्च आया गया जो कि मैं यह खर्च उठाने में असमर्थ हूँ, अतः आपसे निवेदन है कि मेरे बेटे के इलाज के लिए सहायता प्रदान करें।

दिनांक  
05-10-2020

बेटे का नाम - रिषि

उम्र - 8 वर्ष

पता - फरीदाबाद

आपकी आज्ञा कृपा होगी

आपका प्रार्थी

अभित सिंह




# VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2001444/20-2/  
Room No. 511 Category .....  
Date of Admission 05/10/20



Name MASTER. RISHI  
 S/o, D/o, W/o MR. AMIT SINGH  
 Occupation .....  
 Age 08 YRS Sex M  
 Religion HINDU  
 Father's / Husband's Name .....  
 Address KHERI COLONY  
NEAR SUKI NAHAR N.I.T FARIDABAD  
 Phone : Office ..... Res. ....  
 Advance Receipt No. .... Date .....  
 For Rs. ....  
 Name & Address of accompanying relative  
FATHER (AMIT)  
 Phone : Office ..... Res. ....  
 R.M.O. Dr. ASHOK SHARMA Informed at 05/25/20  
 Admitting Dr. A. K VERMA Informed at 05/25/20  
  
 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.

37/10/20  
Signature of Patient / Relative

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 .....

Discharge Date ..... Time ..... Bill No. / R.No. .... Dated.....  
 For Rs. .... Received / Refundable after adjustment of advance Rs. ....



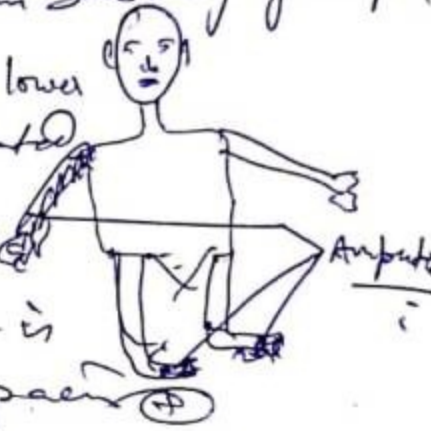
## EMERGENCY ASSESSMENT

7867

NAME Mrs. Rishi AGE / SEX 08/11 DATE 05/10/2020 UHID Mr 5125Pr

Personal History  
 Alcohol / Smoking / Tobacco  
 Chewing / other  
 Allergy  
 Past History  
 Diabetes / HT / IHD / TB  
 OTHER  
 Menstrual History  
 Current Medication  
 Vaccination Status

Chief Complaints  
 A 8 ym old male patient brought to the casualty with left side - Electric Burn (Cold case) at home in 10th August 2020 at 5:00 PM. Primary treatment taken from Subodhraj hospital. R/L hand and R/L lower limbs fingers was amputated as 21 August 2020 in Subodhraj hospital.



Initial Assessment & Examination  
 Pulse Rate - 130/4  
 B P -  
 Resp Rate - 24/km  
 Temp - 99.2  
 Ht / Wt - 16kg

Treatment  
 At present patient is having fever no pain in oral intake

Investigations  
 16kg, 80-85% - Sick / conscious / oriented

Diary Advise & Preventive Care  
 No chills  
 No chills

Medication:  
 - Dressing & Neomycin  
 - Meomol 250mg in arm  
 - Paracet 20mg w 20mg  
 - Gaset 2mg w 20mg  
 - Pynarbis 400mg w 20mg  
 - Amikeds 125mg in a 130  
 - Dynepes 4mg in 100ml in 100

CASUALTY OFFICER  
 VINAYAK HOSPITAL  
 05/10/2020

Name & Sign Of Doctor

