



PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Hilema .**Sex:** Female **Age:** 2 years .**Father Name:** Mr.Jubair,**Address:** Kamala Colony Ibrahimbad Saharanpur(U.P.).**Diagnosis:** Approx 20% Thermal Burn.**Date of Admission:** 25/08/2022

Overall Analysis: The patient - Baby Hilema - was brought in to our hospital by her father - Mr.Jubair - on 25th AUG 2022.The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot water while she was at home. Her mother was warming water for bath in a bucket, suddenly baby Hilema came in contact with this bucket and she got burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 20% TBSA Thermal Burn Injury. The Burns is on head area, back area, and shoulder area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 2 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	65,000.00
Funds - RMO, Nursing, Consultants & Specialists	45,000.00
Funds - Dressing & Procedures	62,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	55,000.00
Funds - Pathology & Diagnostics	12,000.00
Total (in numbers)	243,000.00
Total (in words):	Two Lakh Forty Three 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		7,000.00
	Total (in numbers)	7,000.00
	Total (in words):	Seven Thousand Only
Fund Requirement - TOTAL		
	Stage 1	243,000.00
	Stage 2	7,000.00
	Total (in numbers)	250,000.00
	Total (in words):	Two Lakh Fifty Thousand Only

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



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
द पैन रिलीफ फाउंडेशन
प्रमूर विहार फेस-1
धिल्लगा गांव - 110091



विषय - आर्थिक साहायता हेतु प्रार्थना पत्र

महोदय

शुभिनय निवेदन यह है कि मेरा नाम जुबेर है मेरा
निवास सय - नं० कमला कालोनी बरहीनाबाद सधारनपुर में स्थित है
मेरी स्त्री की है जिसका नाम हैलीना है। जिसकी आयु दो वर्ष है
मेरी बेटी घर में खत रहा थी लगी अत्यान्त मेरी बेटी घर में खेल
रहा थी लगी अत्यान्त मेरी बेटी गर्म पानी के सम्पर्क में आ
गई और जल गर जिसके कारण में उसे नोरडा के विनाथल
हॉस्पिटल लेकर गया और वहा पिनाल [25-08-2022] को वहा
पर भर्ती कराया गया, वहा पर इलाज के लिए दो लाख पचास
रुपये का खर्चा बताया गया है जो की में यह खर्च उठान में
असमर्थ हूँ अतः आपसे निवेदन है की मेरी बेटी के इलाज में
साहायता प्रदान करें।

बेटीका नाम - हैलीना
उम्र - दो वर्ष
पता - सय नं० कमला
कालोनी बरहीनाबाद
सधारनपुर

आपकी आत रुया
होगी
आपका प्राया
जुबेर



Maziyar

29/08/2022

OUTSIDE MLCI - 5234

UHID - P2205948



VINAYAK HOSPITAL™

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

V.H. No. 2202466 / 2-23
Room No. 201 Category
Date of Admission 25/08/22

Name BABY HELINA

S/o, D/o, W/o MR. JOB AIR

Occupation

Age 02 YRS Sex F

Religion MUSLIM

Father's / Husband's Name

Address H. NO - KAMALA COLONY
1 BRAHMINABAD SAHARANPUR

Phone : Office Re

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative
(MOTHER)

Phone : Office Res.

R.M.O. Dr. S. K BEHERA Informed at 01:02 PM

Admitting Dr. ANRI KUMAR Informed at 01:02 PM

Receptionist

Unit / Consultant DR ANRI KUMAR

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

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

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

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

Authorised Signatory



out side. MLC - 5234



16504

EMERGENCY ASSESSMENT

NAME BABY HELINA AGE / SEX 02/F DATE 25/08/22 UHID P2205948

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

Chief Complaints

A 02 y/o female baby patient brought to the casualty & h/o scalded burn & # (R) hand & # (L) arm due to fall in hot water from wash basin on 10/08/22 at 10:30 am arrived at her home.

Vaccination Status

Initial Assessment & Examination

Pulse Rate - 130 bpm
BP -
Resp Rate - 28 bpm
Temp - 98.2 F
Ht / Wt - 10 kg

Treatment

LE deep burn (L) temporal scalp. (L) back (scapula). TBSA ~ 20%. (Deep scalded burn) Patient admitted to Dr. Amit Kumar as advised by his.

SpO2 - 97% Investigations

RBS -

IVE - RL @ 40 ml/m.
inj AUGMENTIN 200mg i/v / 12 hourly
inj PCM 150 mg i/v / 8 hourly
inj PANTOP 10 mg i/v / 2 hourly.

Plastic Surgeon Repair & orthopedic opinion

Dietary Advise & Preventive Care

Name & Sign Of Doctor

Signature and date 25/08/22

Dietary Advise