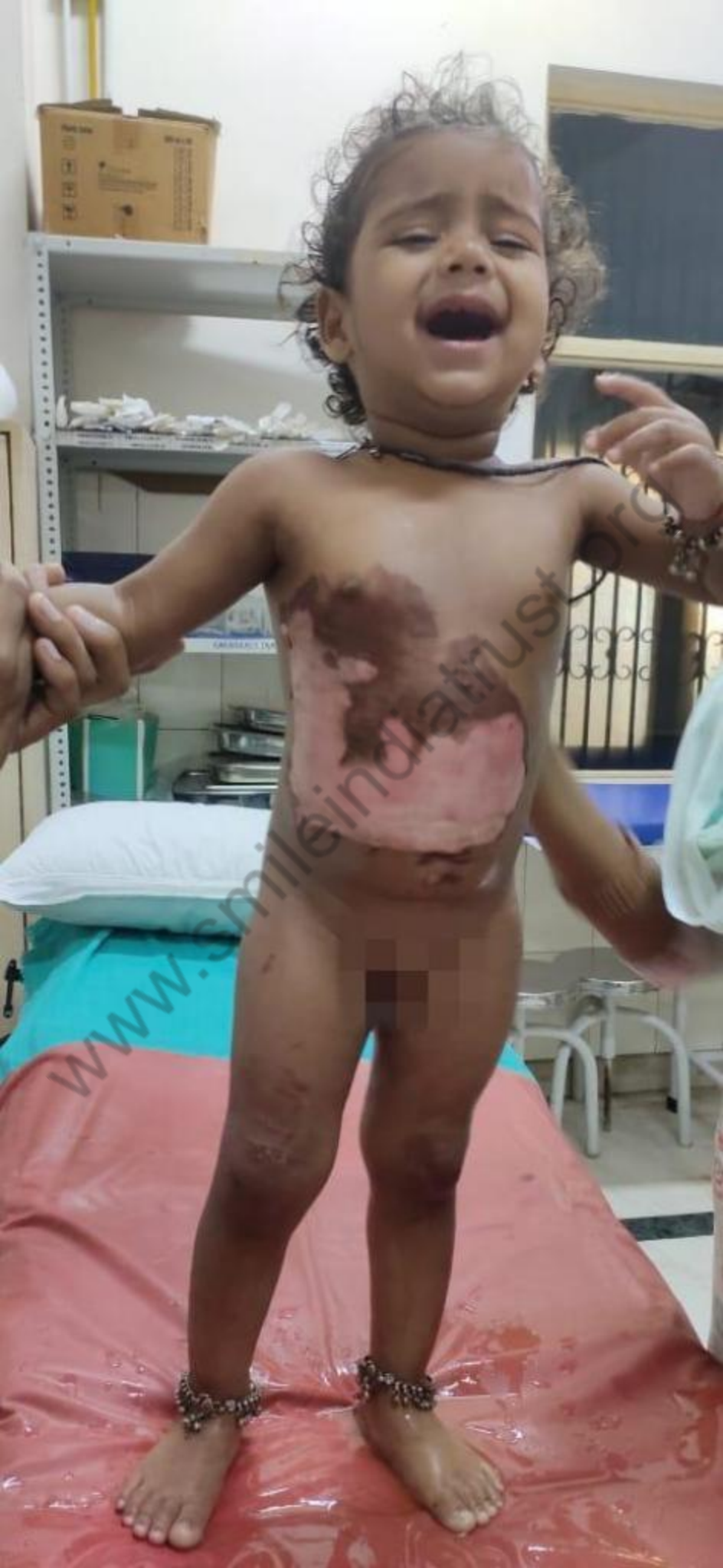

Ref. No.: FRR/Vinayak/10026/2022-23
Dated: 05.10.2022

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Akriti .
Sex: Female **Age: 1** years .
Father Name: Mr.Ashok Kumar.
Address: House Number 66,Gali Number 10,Sector 57 Noida (U.P.).
Diagnosis: Approx 15% Thermal Burn.
Date of Admission: 05/10/2022

Overall Analysis: The patient - Baby Akriti was brought in to our hospital by her father - Mr.Ashok Kumar on 5th Oct. 2022. The child has sustained Thermal Burn Injury due to accidentally coming in contact with hot milk while she was at home. Her mother was warming milk for family ,suddenly baby Akriti came in contact with milk and she got burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 15% TBSA Thermal Burn Injury. The Burns is on chest area and abdomen 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 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 2 Weeks of treatment.

Funds - Hospital Stay	45,000.00
Funds - RMO, Nursing, Consultants & Specialists	45,000.00
Funds - Dressing & Procedures	42,000.00
Funds - Rehabillitation (Physiotheraphy)	4,000.00
Funds - Medicines + Consummables + Transfusions	45,000.00
Funds - Pathology & Diagnostics	5,000.00
Total (in numbers)	186,000.00
Total (in words):	One Lakh Eighty Six 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	**4,000.00**
Total (in numbers)	**4,000.00**
Total (in words):	**Four Thousand Only**
Fund Requirement - TOTAL	
Stage 1	**186,000.00**
Stage 2	**4,000.00**
Total (in numbers)	**190,000.00**
Total (in words):	**One Lakh Ninty Thousand Only**

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

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-माइल इंडिया ग्रुप
SD-75 Sector, 75 Noida, Uttar Pradesh
201303, India.

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय - सविनय निवेदन यह है की मेरा नाम अशोक कुमार है मेरा निवास नोएडा, सैक्टर-51 गली नं0-10 H.NO-66-उ.प्र में स्थित है। मेरी एक बेटी है जिसका नाम आकृति है जिसकी आयु एक वर्ष है। मेरी बेटी घर में खेल रही थी। तभी अचानक मेरी बेटी गर्म दूध के सम्पर्क में। और गई और जल गई जिसके कारण मैं उसे नोएडा के विनायक अस्पताल लेकर गया और वहां दिनांक 05-10-2022 को वहां पर भर्ती करा. या वहां पर उसके इलाज के लिए एक लाख नब्बे हजार रुपये खर्चा बताया गया है जो की मैं यह खर्च उठाने में असमर्थ हूं अत: आपसे निवेदन है की मेरी बेटी की सहायता प्रदान करे।

बेटी का नाम - आकृति
उम्र - एक वर्ष
पता - नोएडा, सैक्टर-51
गली नं0-10 H. No-66
उ.प्र

दिनांक
05-10-2022

आपकी अति कृपाकांक्षी
आपका प्रार्थी
अशोक कुमार

Ashok

VINAYAK HOSPITAL

EMERGENCY ASSESSMENT

17035

NAME Baby Akriti AGE / SEX 1Y/F DATE 5.10.22 UHID

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

Chief Complaints

A 1.1Y/O female patient brought to the casualty c/o scald burn superficially due to HOT milk on 3/10/22. at around 7:00 pm at her home.

Inital Assessment & Examination
Pulse Rate - 142/min
B P — mmHg
Resp Rate - 28 /min
Temp - 102° F
Ht / Wt - 10 kg
SPO2 — 97%.
Investigations
RBS mg/dl

Treatment

C/F = Burn on Abdomen c lower lateral thorax [Rt] side,
TBSA ≈ 15%.
O/E CVS/NAD Chest - BLAE ⊕
CNS/NAD P/A - soft
Pt Admitted in Dr. A.K. Verma [Gen. surgeon]

Adv dressing done c LOX jelly + mupirocin

INJ	Monocef	500mg	I/V BD
INJ	Amikacin	75mg	I/V BD
INJ	PCM	100mg	IV/SOS/BT/SOS
INJ	EMESET	1.5mg	IV/SOS
INJ	RANTAC	5mg	IV/OD
SYP	LNOCETRIZINE	2.5ml	P/O 12hr

IVF - RL 600ml in 1st 8hr 300ml/ then next 300ml/16hr
= plenty of fluid

20 ml

Dietary Advise & Preventive Care
diet as tolerate

Name & Sign Of Doctor

MLC NO - 3541

UHID - P2207837

VINAYAK HOSPITAL™

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

V.H. No. 2203289 /22-23

Room No. 202 Catagory

Date of Admission 05/10/22

Name BABY. AKRITI

S/o, D/o, W/o MR. ASHOK KUMAR

Occupation

Age 01 YRS Sex F

Religion HINDU

Father's / Husband's Name

Address NOIDA SEC-51 GAU NO-10 H.NO-66 U.P

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accopanying relative

Phone : Office Res.

R.M.O. Dr. KALIM Informed at 04:43 PM

Admitting Dr. A.K. VERMA Informed at 04:43 PM

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

Unit / Consultant DR 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