



सेवा में

श्री मान Care for Appetite Foundation महोदय

विषय = आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय,

सविनय निवेदन उस प्रकार है, खबर खान हैं, मेरा निवास स्थान गाजियाबाद के सोबेरी गॉस में स्थित है, मेरी एक बेटी है जिसका नाम सार्दिमा है, जिसकी आयु 10 वर्ष की है, मेरी बेटी फिट्टी के वजन श्रेणी में जल रही आज के पास बेटी हुई थी।  
 उसके आज लोच करने के लिए उसको फिट्टी का दाल दिया जिससे आज लोच हो गया, जिसकी चपेट में मेरी बेटी आ गई, जिससे वह लाल अर्था, इसके इलाज के लिए मैं उसे नास्टी के विनायक इन्सुलिन लेबर गया, और दिनांक 03-06-2024 को एल पर अर्था लखाया पर जो कि इलाज के लिए दो लाख पच्चीस हजार रुपये का खर्च बतवाया गया, जो कि मेरे पक्ष खर्च उभरने में अकार्य है।

अतः महोदय को श्रुति जोड कर विनय है,  
 कि मेरी बेटी सार्दिमा का इलाज करने में सहायता करें।

महोदय मां और धृष्ट होगी

03/06/2024

बेटी का नाम = सार्दिमा  
 उम्र = 10 वर्ष  
 पता - डाक सोबेरी  
 गाजियाबाद

आपका प्रार्थी  
 इब्बान खान  
 इब्बान खान



MLC No - 3721

UHID - 14922

V.H. No. 420/24-25
Room No. 201 Category
Date of Admission 3/6/24



A Unit of Chaudhary Nursing Home Pvt. Ltd.

Name BABY SAIMA
S/o, D/o, W/o MR. IBBAN KHAN
Occupation
Age 10 YRS Sex F
Religion MUSLIM
Father's / Husband's Name
Address VILL - SABERI
GHAZIABAD - U.P.
Phone : Office Res.
Advance Receipt No. Date 3/6/24
For Rs.
Name & Address of accompanying relative
Phone : Office Res.
R.M.O. Dr. REKHA Informed at 14/30
Admitting Dr. ASHOK KUMAR VERMA Informed at 14/30
Receptionist

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
Discharge Record filed by Dr.

FOR DELIVERY CASE ONLY

Date and Time of Delivery
New Born : Male / Female
Birth record filed by Dr.
Patient shifted from Room No. to
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.

IBBAN KHAN
Signature of Patient / Relative

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

Ref. No.: FRF/Vivayak/10036/2024-25

Dated: 04/06/2024

**PROFORMA INVOICE / FUND REQUISITION REPORT:**

(A Vivayak Burn Centre Noida Initiative)

**Patient Name:** Salma

**Sex:** Female **Age:** 10 year -

**Father Name:** Mr. Ibban Khan

**Address:** Shaheri Ghatabad (U.P.)

**Diagnosis:** Approx. 30% Thermal Burn.

**Date of Admission:** 03/06/2024

**Overall Analysis:** The patient - Salma - was brought in to our hospital by her father - Mr. Ibban Khan - on 03/06/2024. The child has sustained Thermal Burn Injury due to accidentally coming in contact with fire while she was at home. Her father was burning chulha for her family, suddenly Salma contact with fire and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 30% TBSA Thermal Burn Injury. The Burns is on leg area, foot area and thigh area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 10 Year, 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	58,000.00
Funds - RMO, Nursing, Consultants & Specialists	50,000.00
Funds - Dressing & Procedures	43,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	50,000.00
Funds - Pathology & Diagnostics	25,000.00
<b>Total (In numbers)</b>	<b>222,000.00</b>

**Total (In words):**

**Two Lakh Twenty Two Thousand Only**



23207

## EMERGENCY ASSESSMENT

MCC No- 3721

NAME SALMA AGE / SEX 10/F DATE 3.6.24 UNID 14922

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

### Chief Complaints

2.30pm  
 The above patient is brought with R/o accidental caught in cable causing 2 gash burnt over right lower limb on 3.6.24 at around 2pm in her residence in Sarani village, Noida.

### Initial Assessment & Examination

Pulse Rate - 90 pal.  
 B.P. - 90/60  
 Resp Rate - 22 pal.  
 Temp - 98.8°F  
 Ht / Wt - 5'02 24kg  
 Investigations

### Treatment

on Exam - R. par.  
Admit  
Dr AK Verma  
 Temp - 98.8°F  
 Pulse - 90pm/lr  
 Hydrocortisone - maintained.

### Investigations

123 mg

exam - Right thigh, leg & foot is involved with burn wound and it looks infected with purulent discharge. (24)  
 Syst exam - NAD.

High protein

Dietary Advise & Preventive Care

TRIAGE CORE  
 P1  RED  
 P2  YELLOW  
 P3  GREEN  
 P4  BLUE

CONSULTANT

Name & Sign Of Doctor

Dr. (L.C.) REKHA MOHANTY  
 Consultant - Head Officer (CNO)

For Appointment Call 0120-4504400