



CHILD CARE INDIA TRUST

Billing Instructions

1. Actual
2. Package: Rs.
3. Medicines: Own/Hospital

(Excluding-Medicine, Bed, Blood, ICU, investigation) For.....Days

Provisional Diagnosis:

5. Cut down Burn

Investigations Advised:

cmh, CRP, S. cell c.

Care Plan:

1. ay
2. ay
3. ay
4. ay
5. ay
6. ay

negative 250 1.5
m/s + 120 2.5
amoxicillin 300 1.5
amitriptyline 50 1.5
cimetidine 100 1.5
Pantoloc 0.5 1.5

Diet/Nutrition Advice:

Oral diet per ay

Safe Parenting:

Immunization:

Rehabilitation Advice:

Spelling i Co. S. cream
T.T. 100 5.00
Condition explained by
Parents

RMO Name:

Doctor Name:

Date & Time:

Date & Time:

Signature:

Signature:

DOC NO: JSSH/CNC/IT/001



INDOOR TICKET

MLCNO.:

Reg. No.: _____ LPD No.: _____ Ward/Bed: _____ Consultant: Dr. 10011
 Patient Name: AIRCHY W/S/D/o: _____ Age: 1 1/2 Sex: M (F)
 Address: _____ Ph. No.: _____

D.O. Admission & Time: 1/5/25 at 8:30pm

D.O. Operation & Time: _____

D.O. Discharge & Time: 05/05/25

D.O. Delivery & Time: _____

Final Diagnosis: Scalded Burn

Chief complaints with Duration:

Burn of hot milk on Abdomen & chest.
irritable
some dehydration

Vitals

BP: _____
 HR: 150/min
 RR: 20
 Sat: 94%
 Temp: 97.4°F

Examination

Gen: conscious
 Eyes: irritable

CVS: S-1,2 M

Resp: M

Abd: soft 3.5+

Chole: BIL
 Local: AIE+

History:

Nam

HT:

Sthma: Nam

Other (Medical/Surgical):

ESIC / RGHS / ESIC / TPA / Cash / CSBY

Location History: none

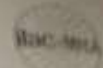
Pain Scale - Wong-Baker FACES

NO PAIN	HURTS LITTLE BIT	HURTS LITTLE MORE	HURTS EVEN MORE	HURTS REALLY LOT	HURTS WORST
Pain: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes score (1-6)			Duration: _____		Sharp / Dull / Aching / Burning
Location: _____			Action needed Yes <input type="checkbox"/> No <input type="checkbox"/>		

NO: JSSH/CNCAT/001

Medical Laboratory, Raj Jindal Hospital and Research Centre Pvt. Ltd.

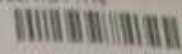
N.P. Mukherjee Nagar, Bharatpur-321001 (Raj.)
Contact No.: 05644-294568, 9970711555, 9414035942 E-mail: rjhospital@gmail.com, www.jindalhospital.in



Patient Name : Baby AKSHU
Age/Sex : 1 Y / F
Consultant : KAPIL JINDAL

Reg. No : 1207095
Accession No. : 0250501013
Bill / IPD No. : 33-34410

IPD/OPD: IPD
Category : GENERAL
Location : NEW BORN/377/A



Accession No

Registration No

BIOCHEMISTRY

Report Gen At : 01-05-2025 10:12AM

Sample Collected: 01-05-2025 9:12AM

Sample Type: SERUM / PLASMA

Test Name

Status Results
1.0

Unit
mg/L

Biological Reference Range
0.6-6.0

Remarks :

BIOCHEMISTRY**

Report Gen At : 01-05-2025 10:12AM

Sample Collected: 01-05-2025 9:12AM

Sample Type: BLOOD

Test Name

Status Results
L 135.30
4.32
99.62

Unit
mmol/L
mmol/L
mmol/L

Biological Reference Range
136-150
3.50-5.0
98-106

Remarks :

CHILD CARE INDIA TRUST

Preeti

DR. Preeti Tyagi

MD PATHOLOGY, MCI/09-35



Reg. No : 207095

Accession No. : 0250501013

IPD/OPD: IPD

Bill / IPD No. : 23-34410

Category : GENERAL

Location : NEW BORN/377/A



Accession No

HAEMATOLOGY*

Sample Collected: 01-05-2025 9:12AM

Sample Type: EDTA BLOOD

Report Gen At: 01-05-2025 10:00AM

Name	Status	Results	Unit	Biological Reference Range
HEMOGLOBIN	L	10.10	gm/dl	11-14
		11.81	10 ¹² /ul	10-15
TROPHILS	L	38.90	%	45-70
PHOCYTES	H	50.10	%	20-40
OCYTES		9.20	%	2-10
INOPHIL		1.50	%	1-6
OPHIL		0.30	%	0-2%
MATOCRIT(HCT)	L	32.10	%	36-46
Cell Count (TRBC)		5.08	million/mm ³	4.0-5.2
	L	63.10		75-87
		31.40	g/dl	31-37
TELET COUNT		319.00	10 ³ /ul	200-490

CHILD CARE INDIA TRUST

Preeti

DR. Preeti Tyagi

MD PATHOLOGY, MCI/09-35445

Proforma Invoice/Fund Requisition Report

Patient Details

Patient Name: Baby Akshu

Father's Name: Ghanshyam

Contact Number: 9971132733

Admission Date: 01-05-2025

Hospital Name: Jindal Super Speciality Hospital

Overall Analysis.

Baby Akshu has suffered severe burns on her Chest. She requires immediate medical intervention, including surgeries, burn dressings, medications, and specialized care for a successful recovery. Her condition is critical, and timely treatment is essential to prevent complications. Her family is unable to bear the cost, and we are seeking generous contributions to support her treatment.

Fund Requirement - During Hospital Stay

Fund Description	Amount (in INR)
Hospital Stay & Bed Charges	13000
Surgery & Burn Dressing Procedures	15000
Medications & Pain Management	18000
Wound Care & Daily Dressing	8000
IV Fluids & Nutrition Support	4000
Skin Grafts & Specialized Treatment	17000
Doctor Consultation & Follow-ups	5000

Total (in Figures):80,000/-

Total (in words): Eighty Thousand Only

We urge kind-hearted individuals to contribute towards Baby Kavya's treatment and support her journey to recovery. Every contribution will directly cover medical expenses. Thank you for your generosity.