



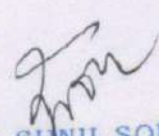




SONI BURN & PLASTIC SURGERY HOSPITAL

Sector 15-A, Kaimiri Road, Hisar-125001 | TEL. : 242798, 242796, 9729940511
E-mail : sonihospital33@gmail.com | Website : :www.drsonilsoni.com

INVOICE (ESTIMATE)

Company Name: Soni Burn & Plastic Surgery Hospital		Invoice No.: 1	Date: 15/9/2021
Registered Address: Sector 15-A, Kaimiri Road , Hisar-125001, Tel. : 242798 , 242796			
E-Mail : sonidr@yahoo.co.uk			
(Company Name): Soni Burn & plastic Surgery Hospital			
Patient Name : ANKIT			
Diagnosis : BURN			
S.No.	Particulars	Amount	
1	Operation-1	15000	
2	Anaesthesia charges	5000	
4	OT Medicines Estimate 1	10980	
5	Dr Visiting fee (1000*20)	20000	
6	After Discharge Medicine Material for (5' days)	1895	
7	Room charges(2500*20)	50000	
8	Dressing (1200*40)	48000	
9	OPERATION-2	10000	
10	ANAESTHASIA CHARGES	3000	
11	ROOM MEDICINES + DRESSING MEDICINE(1800*20)	36000	
12	OT-MEDICININES ESTIMATE 2	9870	
	TOTAL	209745/-	
Amount Chargeable (in words): TWO LAKH NINE THOUSAND SEVEN HUNDRED FOUGHTY FIVE			
For: Dr Sunil Soni			
 DR. SUNIL SONI M.S.M.Ch. (Plastic Surgery) Regn. No. 10653/M.C.I Authorized Signatory			







Soni Burn & Plastic Surgery Hospital

Kaimri Road, Sector 15-A, Hisar
Ph. 242796, 242798, 97299-40511

Name of Patient	Amrita		
Age/Sex	47/m	Room/Ward No.	17.12
UHID No./IPD No.	20212155		
D.O.A.	13/9/21		

DOCTOR PROGRESS CHART

Date & Time	Progress Notes	Signature
13/9/21 1pm	Patient febrile GC fair conscious Not taking orally	 DR. SUNIL SONI Reg. No. MCI/10653 Date..... Time... 1pm.....
13/9/21 2pm	1st Bm At 11:30 AM HR = 118b on Auscultation BP = 110/60 mmHg RR = 22/min SpO2 = 99% No flt. cycle	 DR. SONALI VASHISHTHA MD Medical Officer HN18478
13/9/21 8pm	General condition fair vitals stable no flt. cycle G.O. fair on 7th	 Dr. Sourabh Verma MBBS Medical Officer HMC/013175

YOUTH HELPING TRUST



Soni Burn & Plastic Surgery Hospital

Kalmri Road, Sector 15-A, Hisar
Ph. 242796, 242798, 97299-40511

Name of Patient... Amal
 Age/Sex... 4.4/m Room/Ward No... 67-13
 UHID No./IPD No... 20218155
 D.O.A... 13/9/21

INITIAL ASSESSMENT Arrival Time 12:05

CHIEF COMPLAINT
Burn due to hot water x 4 days

Arrival Condition Good Fair Poor Shock Hemorrhage Coma Critical Dead

HISTORY OF PRESENT ILLNESS
patient sustained burn due to hot water 4 days back. Now having fever and pain. Taking treatment at some local hosp.

PAST HISTORY & MEDICATION (IF ANY)
once metraic x 2 days

BIRTH HISTORY / DEVELOPMENT HISTORY

PERSONAL HISTORY

Marital Status	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Married
Appetite	<input type="checkbox"/> Normal	<input type="checkbox"/> Lost
Bowels	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Irregular <input type="checkbox"/> Constipation
Micturition	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Alcohol Consumption	<input type="checkbox"/> Regular	<input type="checkbox"/> Occasional <input checked="" type="checkbox"/> Teetotaler
Tobacco	<input type="checkbox"/> Regular	<input type="checkbox"/> Occasional <input checked="" type="checkbox"/> Teetotaler
Diet	<input checked="" type="checkbox"/> Veg.	<input type="checkbox"/> Non Veg.

Any Other Significant History... No
 Occupation... child Income... - Education... child

FAMILY HISTORY

Diabetes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Cancer	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Hyper Tension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Tuber Culosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Heart Disease	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Asthma	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Stroke	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Psychiatric Illness	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Any Other Significant History... No

MENSTRUAL HISTORY

Any Gyneacological Problems No Yes
 Details >>





Soni Burn & Plastic Surgery Hospital

Kaimri Road, Sector 15-A, Hisar
Ph. 242796, 242798, 97299-40511

Name of Patient Ankit
Age/Sex 4.4/M. Room/Ward No. 57.13
UHID No./IPD No. 20218155
D.O.A. 13/09/21

CARE PLAN

STATUS AT THE BEGINNING OF THE TREATMENT
(मरीज के हालात)

Pat fem - 10/4

DIAGNOSIS (Provisional / Differential)
(बीमारी का नाम)

POB - 10/4

Chest - clear

CVI NSD

Burns

INVESTIGATIONS
(जाँच)

CBE

S - Na
K

TREATMENT PLAN (Conservative / Surgical)
(ईलाज का तरीका)

Conservative

PREVENTIVE CARE
(बचाव का तरीका)

ANTICIPATED COMPLICATIONS WITH PROGNOSIS
(ईलाज में आने वाली दिक्कतें व उलझनें)

Sepsis
Sepsis

Consultant's Name & Signature
(डॉक्टर का नाम)

Date / Time

13/09/21

12:10 PM

Patient's / Attendant's Signature
(मरीज/रिश्तेदार के हस्ताक्षर)

Father.

Right Thumb

HISTORY OF ALLERGIES / ADVERSE REACTIONS

Medication / Drug No Yes not known
Blood Transfusion No Yes not known
Food No Yes not known

REVIEW OF SYSTEMS

Respiratory : No Significant Finding
 Cough Dyspnea Asthma Wheeze
 COPD Emphysema
Others (Specify) _____
Comment: _____

Cardiovascular : No Significant Finding
 Angina HTN Peripheral edema Pacemaker
 Chest Pain Heart murmur SOB
Comment: _____

Central Nervous System No Significant Finding
 Dizziness Sedation Abnormal Pupil Size Aphasia
 Ataxia Paralysis Slurred Speech Seizure Disorder
 Headache Tics (Describe)
Others (Specify) _____
Comment: _____

Genitourinary : No Significant Finding
 Pregnant Urinary incontinence Hematuria
 Retention
 Amenorrhoea Enuresis Having menses Dysuria
 Urgency Dysmenorrhoea Venereal disease
Comment: _____

Gastrointestinal : No Significant Finding
 Vomiting Nausea Diarrhea Constipation Ulcer
 Blood in Stool
Others (Specify) _____
Comment: _____

Musculoskeletal No Significant Finding
 Cast Joint Swelling Muscle Spasms Joint Stiffness
 Amputation Back pain Joint pain
Fracture (describe) _____
Other (describe) _____
Comment: _____

Local Examination

Inspection to deep burn
over back &
both legs.

Investigation

CBC
S^rNa
K

Provisional Diagnosis

Burns & lacerations

Time taken for Initial Assessment

20 min.

Signature

Date :

Time :
DR. SUMIL SONI
Reg. No. MCI/10653
Date...13/09/21

Signature of Medical Officer

