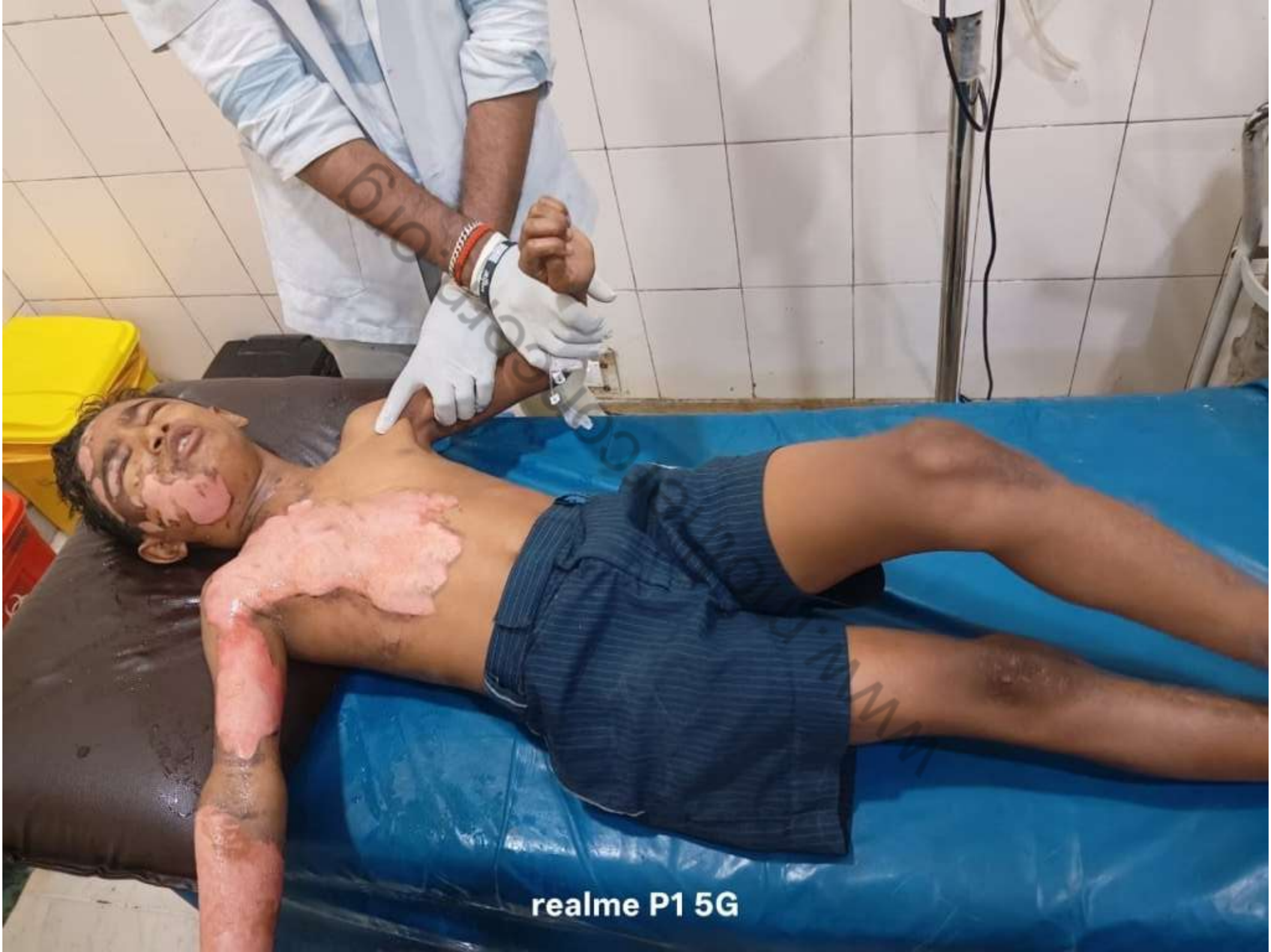
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Ref. No.: FRR/Vinayak/1007/2025-26

Dated: 02.06.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Ujjwal.
Sex: Male **Age:**8 Years .
Father Name: Krishan Mandal.
Address:J J Colony Sector 8 Noida (U.P.).
Diagnosis: Approx 35% Thermal Burn.
Date of Admission: 02/06/2025

Overall Analysis: The patient - Master Ujjwal was brought in to our hospital by his father - Mr.Krishan Madal on 2nd June 2025.The child has sustained thermal Burn Injury due to accidentally coming in contact with hot meat curry while he was playing at home.His mother was making meat curry for her family suddenly Master Ujjwal contacted with hot meat curry and got burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 35% TBSA Thermal Burn Injury. The Burns is on chest abdomen,hand area and face area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 8 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	**52,000.00**
Funds - RMO, Nursing, Consultants & Specialists	**52,000.00**
Funds - Dressing & Procedures	**51,000.00**
Funds - Rehabilitation (Physiotheraphy)	**2,000.00**
Funds - Medicines + Consummables + Transfusions	**54,000.00**
Funds - Pathology & Diagnostics	**7,000.00**
Total (in numbers)	**218,000.00**
Total (in words):	**Two Lakh Eighteen 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	**2,000.00**
Total (in numbers)	**2,000.00**
Total (in words):	**Two Thousand Only**
Fund Requirement - TOTAL	
Stage 1	**218,000.00**
Stage 2	**2,000.00**
Total (in numbers)	**220,000.00**
Total (in words)	**Two Lakh Twenty Thousand Only**

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Master Ujjwal .

VINAYAK HOSPITAL

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

मदर कन्सर्न

सी - 6ब वेसमेन्ट साउथ एक्स पार्ट - 2

नई दिल्ली - 41

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम कृष्ण मंडल है। मेरा निवास जे- जे कॉलोनी, सेक्टर - 8, नोएडा उत्तर प्रदेश में स्थित है। मेरा एक बेटा है। जिसका नाम उज्जवल मंडल है। उसकी आयु 8 वर्ष है। मेरा बेटा घर में खेल रहा था, तभी अचानक गर्म मीट के पतीले के संपर्क में आने के कारण जल गया। जिसके कारण मैं उसे नोएडा के विनायक हॉस्पिटल लेकर गया और वहाँ पर उसके ईलाज के लिए दो लाख बीस हजार रूपये का खर्चा बताया गया है। जो कि मैं यह खर्चा उठाने में असमर्थ हूँ। अतः मेरा आपसे निवेदन यह है कि मेरे बेटे को सहायता प्रदान करें।

आपका अतिकृपा होगी।

Date :- 02/June/2025

आपका प्रार्थी

बेटे का नाम :- उज्जवल मंडल

कृष्ण मंडल।

उम्र :- 8 वर्ष

पता :- जे- जे कॉलोनी,

सेक्टर - 8 नोएडा उत्तर प्रदेश

कृष्ण मंडल

VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd

VH No. 2500286/25-26

Room No. 202 Category

Date of Admission 02/06/25 9AM

Name MASTER UJJWAL MANDAL

S/o, D/o, W/o MR KRISHAN MANDAL

Occupation

Age 8 YRS Sex Male

Religion HINDU

Father's / Husband's Name

Address J.J. COLONY SECTOR-8 NOIDA-UP

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accopanying relative

Phone : Office Res.

R.M.O. Dr. SAURABH Informed at 9AM

Admitting Dr. ASHOK KUMAR VERMA Informed at 9.10AM

Receptionist

Dr. / Consultant

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

VINAYAK HOSPITAL

NABH

19795

EMERGENCY ASSESSMENT

NAME: MASTER UJJWAL MANDAL AGE / SEX: 8y / Male DATE: 02/06/2025 UHID: 9AM

Personal History

Alcohol / Smoking / Tobacco Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication

Vaccination Status

Chief Complaints

Patient brought to Casualty by his mother — Alto. Deep Scald burn. Boy accidentally fell down boiling meals pot at home on 28/05/2025 at 10 pm. initial treatment taken locally, then brought to hospital for further management.

OE — Conscious, oriented, afebrile

Inital Assessment & Examination

Pulse Rate - 102 /R

BP - —

Resp Rate - 22 /m

Temp - 98.4 F

Ht / Wt - Cm / 23 kg

98% RA

Investigations

RBS - 147 mg/dl

Oral fluid intake

High protein diet

Treatment

TBA — 30 to 35% Deep burn.

Patient admitted under DR. ASHOK KUMAR VERMA for further Management.

Dressing done..

- IVF R/L @ 1380 ml in 8 Hours
- " 380 . in Next 16 Hours
- Inj. Monocef 750 mg IV 12 Hrs
- Inj. Amikacin 120 mg IV 12 Hrs

Inj. Ranitidine 20 mg. IV. 8 Hrs

Syp. Cyclopam 8 Hrs

Dietary Advise & Preventive Care

Name & Sign Of Doctor

VINAYAK HOSPITAL • NOIDA • SEC-27


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www.motherconcern.org