



Ref. No.: FRR/Vinayak/10056/2024-25

Dated: 07.01.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Arman.

Sex: Male **Age:** 3 Years .

Father Name: Maksud.

Address: Village. Barula Uttar Pradesh (U.P.).

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 06/01/2025

Overall Analysis: The patient - Master Arman was brought in to our hospital by his father - Mr.Maksud on 06th January 2025. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot water while he was at home, suddenly master Arman contact with hot water 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 back area, legs area and genital area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 3 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 3 Weeks of treatment.

Funds - Hospital Stay	46,000.00
Funds - RMO, Nursing, Consultants & Specialists	52,000.00
Funds - Dressing & Procedures	58,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	47,000.00
Funds - Pathology & Diagnostics	8,000.00
Total (In numbers)	215,000.00
Total (In words):	Two Lakh Fifteen 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	5,000.00
Total (in numbers)	5,000.00
Total (in words):	Five Thousand Only
Fund Requirement - TOTAL	
Stage 1	215,000.00
Stage 2	5,000.00
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 Mater Arman .



For Vinayak Hospital
(A Division of Vinayak Hospital)
5th Floor, Vinayak Hospital, Sector 27, Atta Market,
NH - 1, Noida - 201301 (UP)

AO/AD

श्रीवा मे

श्रीमान अध्यक्ष

मकर मन्दिर

श्री- 63 ब्रेशमेन्ट आउथ स्टेशन पार्क - 2

नई - दिल्ली - 49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय

श्रावित्य निवेदन यह है कि मेरा नाम मकर मन्दिर है, मेरा निवास बशोला गाँव, नोएडा है। मेरे बेटे का नाम अरमान है वह 3 वर्ष का है वह घर में खेल रहा था पास में ही गरम पानी रखा था अचानक वह गिर गया जिस वजह से खेल गया बच्चे के इलाज के लिए नोएडा के निवासे डॉ. पी. डब्ल्यू. लेकर आय दिनांक 6-1-25 को थैंक पर अर्पित कराया वहाँ पर उनके इलाज के लिए 2 लाख 20 हजार रुपये का खर्चा बताया गया जो कि मैं यह खर्चा उठाने में असमर्थ हूँ अतः आप से निवेदन है कि मेरे बच्चे के इलाज के लिए सहायता प्रदान करें।

दिनांक
6-1-25

बेटे का नाम - अरमान

उम्र - 3 वर्ष

पता - गाँव बशोला, नोएडा

आपकी अतिकृपा होगी

आपका प्रार्थी

मकर मन्दिर



**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 1766/24-25
 Room No. 203 Category
 Date of Admission 06/1/25



Name MASTER ARMAN
 S/o, ~~Da. No~~ MR. MAKSUD
 Occupation
 Age 3y Sex Male
 Religion Muslim.
 Father's / Husband's Name MAKSUD, Village. BARUA
 Address NOIDA.

Unit / Consultant DR. ASHOK KUMAR VERMA

Phone : Office Res.
 Advance Receipt No. Date 06/1/2025
 For Rs.
 Name & Address of accompanying relative

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

Phone : Office Res.
 R.M.O. Dr. SK. BEHERA informed at 1.45 PM
 Admitting Dr. ASHOK KUMAR VERMA informed at 1.45 PM
Asou
 Receptionist

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

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.
Handwritten Signature
 Signature of Patient / Relative

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



19795

EMERGENCY ASSESSMENT

NAME MASTER ARMAN AGE / SEX 3 / Male DATE 06/1/2025 UHID

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

Chief Complaints

Master Arman brought to Casualty by his father, for Management of Brain Injury on 20/12/2024 at Home, while taking bath. Brain injury occurred by fall. Patient managed locally doctors initially, then brought to Vinayak Hospital for further

Vaccination Status

Initial Assessment & Examination

Pulse Rate - 128
B P -
Resp Rate - 26/1a
Temp -
Ht / Wt - 98.20f

Treatment

Emergency - Dress done and patient shifted to Brain ward, Dr. Ashok Kumar Verma. Impend. Rx

Investigations

Stu2 97
RBS 96g
Hypobes
Dru

- 1. Inj. F7.
2. Syr. Dbugene plus 5ml
3. R. 150ml. for 1st time / return.
4. Inj. Moray 500mg IV 2hrs
5. Inj. Analges 15mg. IV 12hrs

Dietary Advise & Preventive Care

Name & Sign Of Doctor
VINAYAK HOSPITAL
NOIDA
NABH, SEC-27

