



Ref. No.: FRR/Vinayak/1005/2025-26

Dated:30.04.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Anant.

Sex: Male **Age:**1 Year 8 Months.

Father Name: Prshant

Address:House Number 77 VIII, Dogwan Bulandshahr (U.P.).

Diagnosis: Approx 40% Thermal Burn.

Date of Admission: 30/04/2025

Overall Analysis: The patient - Master Anant - was brought in to our hospital by his father - Mr.Prshant on 30th April 2025.The child has sustained thermal Burn Injury due to accidentally coming in contact with hot milk while he was playing at home.His mother was warming milk for her family suddenly Master Anant contacted with hot milk and burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 40% TBSA Thermal Burn Injury. The Burns is on chest area, abdomen, hand area and legs areas. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 1 year 8 months, 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	72,000.00
Funds - RMO, Nursing, Consultants & Specialists	78,000.00
Funds - Dressing & Procedures	71,000.00
Funds - Rehabilitation (Physiotherapy)	5,000.00
Funds - Medicines + Consumables + Transfusions	76,000.00
Funds - Pathology & Diagnostics	7,000.00
Total (in numbers)	309,000.00
Total (in words):	Three Lakh Nine 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	11,000.00
Total (in numbers)	11,000.00
Total (in words):	Eleven Thousand Only
Fund Requirement - TOTAL	
Stage 1	309,000.00
Stage 2	11,000.00
Total (in numbers)	320,000.00
Total (in words)	Three Lakh Twenty Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Mater Anant .



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

AO/AD

शेरा में

श्रीमान अहमद

मदर कन्सर्न

सी-63 वेसमैन्ट साउथ इस्ट फार्ड-2

नई दिल्ली

विषय- आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय

शुविनय निवेदन यह है, मेरा नाम प्रशांत है मेरा निवास स्थान बुन्देलखण्ड मेरा बेटे का नाम अनन्त है वह 1 साल 8 माहों का है। वह घर में खेल रहा था पार्क में गरम दुध रखा था वीरत में गिर के लेल गया जिसे बजड़ा से बच्चे के इलाज के लिए मैं उसे जोड़वा के विनायक हॉस्पिटल लेकर आया ओर 30-4-25 के यहाँ पर सर्जरी करवा वहाँ पर उसके इलाज के लिए 3 लाख 20 हजार रुपये का खर्चा बताया गया। जो कि मैं यह खर्च उठाने में असमर्थ हूँ अतः आपसे निवेदन है मेरे बेटे के इलाज के लिए सहायता प्रदान करें।

दिनांक
30-4-25

आपकी अतिमुफादगी
आपका प्रार्थी
प्रशांत

T-RASHAN

MLCNO-3836

UNIT-P2500197


**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2500159

Room No. 206 Category

Date of Admission 30/4/25



Name MASTER ANANT

S/o, D/o, W/o MR. PRSHANT

Occupation

Age 1 YRS 8 MONTHS Sex M

Religion HINDU

Father's / Husband's Name

Address HNO-77 VILL DOBWAN

BULANDSHAHR UP

Phone : Office Res.

Advance Receipt No. Date 30/4/25

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. S.K. BEHERA Informed at 10:35AM

Admitting Dr. ASHOK KUMAR VERMA Informed at 10:25AM

Receptionist

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.

PRSHANT
Signature of Patient / Relative

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

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

Discharge Date Time Bill No. / R.No. Dated

For Rs. Received / Refundable after adjustment of advance Rs.

Authorised Signatory

MLC 3836

26400

EMERGENCY ASSESSMENT

NAME ANANAP AGE / SEX 50 / 425 DATE 10/10/25 UHID 10250297

Personal History

Alcohol / Smoking / Tobacco
Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication

Vaccination Status

Chief Complaints

10/10/25
H/o Extensive burn of the following areas of the child. Brought now by parents
H/o Falling accidentally in a hot pot of milk at 11PM
At home - Bishnath Talapur
Gwalior Noida - 4. UP

Initial Assessment &

Examination

Pulse Rate - 136/min

B P -

Resp Rate - 38/min

Temp - 98.6°F

Ht / Wt - 8.5 kg

Investigations

BP 02 96/

RBS -

TRIAGE CODE	RED	ORANGE	GREEN	BLACK
P1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Treatment

Child was brought at night. On exam RT arm, fore arm, RT arm, Cubital fossa, RT upper abdomen, chest, front, lateral infra axillary, back, buttock, thigh, perineal, area, Apices. Extent of burn 35 to 40% superficial. Superficial. Airway good. SWS - 3.5% PA - 80%

Spoken to DR Verma, Surgeon

Dietary Advise & Preventive Care

206

B TO

Admitted to DR Verma

Dr. (Col) S.K. BEHERA
VINAYAK HOSPITAL NOIDA
Name & Sign Of Doctor

