





realme P1 5G

Ref. No.: FRR/Vinayak/1006/2025-26

Dated:27.05.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Jai.

Sex: Male **Age:**5 Years .

Father Name:Satender Singh.

Address:House Number 74 Kishan Vihar Sultanpuri C Block Delhi.

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 27/05/2025

Overall Analysis: The patient - Master Jai was brought in to our hospital by his father - Mr.Satender Singh on 27th May 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 Jai contacted with hot milk and 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 abdomen, genital 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 5 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	42,000.00
Funds - RMO, Nursing, Consultants & Specialists	42,000.00
Funds - Dressing & Procedures	41,000.00
Funds - Rehabilitation (Physiotherapy)	2,000.00
Funds - Medicines + Consumables + Transfusions	46,000.00
Funds - Pathology & Diagnostics	7,000.00
Total (in numbers)	180,000.00
Total (in words):	One Lakh Eighty 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	10,000.00
Total (in numbers)	10,000.00
Total (in words):	Ten Thousand Only
Fund Requirement - TOTAL	
Stage 1	180,000.00
Stage 2	10,000.00
Total (in numbers)	190,000.00
Total (in words)	One Lakh Ninety Thousand Only

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



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 आदर

गौर कुन्सर्ज

सी - 63 बेसमेंट साउथ एकरा पार्क - 2

वार्ड दिल्ली - 49

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र ।

गद्दोदथ सावेनथ निवेदन यह है कि मेरा नाम सौंदर है ।
मेरा निवास H.No-74 कृष्ण विहार, सुल्तानपुरी, C ब्लॉक,
पोस्ट सुल्तानपुरी C ब्लॉक, जिला :- उत्तर पश्चिमी
दिल्ली में स्थित है । मेरा एक बेटा है । जिसका नाम
जय सिंह है । उसकी आयु 5 वर्ष है । मेरा
बेटा घर में खेल रहा था, तभी अचानक गर्म दूध
के पतिले के संपर्क में आने के कारण जल गया ।
जिसके कारण मैं उसे नौएडा के विनाथक हॉस्पिटल
लेकर गया और वहाँ पर उसके इलाज के लिए एक
लाख नब्बे हजार रुपये 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 ।

Date :- 24/May/2025

बेटे का नाम :- जय सिंह

उम्र :- 5 वर्ष

पता :- H.No-74 कृष्ण

विहार, सुल्तानपुरी C ब्लॉक

आपकी आतिथ्य होगी ।

आपका प्रार्थी

सौंदर /

सौंदर



**VINAYAK
HOSPITAL**

MLC-1562P



35055

OPD INITIAL ASSESSMENT

NAME MASTER JAISHIRI AGE / SEX 5x/14 DATE 22/05/2025 BHID _____

Personal History

Alcohol / Smoking / Tobacco

Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

Other

Menstrual History

Current Medication

Vaccination Status

Initial Assessment &

Examination

Pulse Rate - 120b

B P 90/60

Resp Rate 20

Temp - 38.5

Ht / Wt - 1.5m / 35kg

SpO₂ 98%

Investigations

Chief Complaints

MASTER JAISHIRI 5y male brought by his Parents w/ H/O: HOT MILK BURN - Pain Score 4
Child accidentally fell into hot milk pot while playing at home on 23/05/2025 at 10 AM

Initial treatment taken, nearby clinic he brought to Vinayak Hospital for further treatment

Deep Scalds being 30 to 35%

Inf. Pen 225mg IV/SSS

L. Flomax 75mg IV/12Hrs

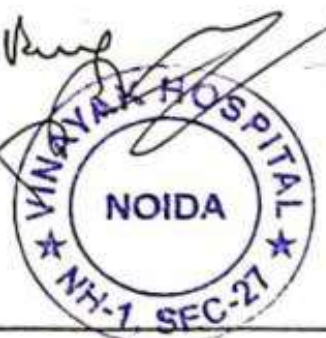
Op. Hbupac 100mg 5mg/12Hrs

NS/Pain 50mg 1hr IV

Admitted under Dr. A. K. Singh

Dietary Advice & Preventive Care

Follow up





**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No.

Room No.

Date of Admission

U.H.D. P2501287

203

Category

27.05.2025



Name MASTUR JAGSINH

S/o, D/o, W/o SATENDRA

Occupation ---

Age 57yr Sex HNDU

Religion ---

Father's / Husband's Name ---

Address H No 74 KISHANVILLAGE

SULTANPUR - Block PO.

Phone : Office Nalk West Delhi Res. ---

Advance Receipt No. --- Date ---

For Rs. ---

Name & Address of accompanying relative ---

Phone : Office ---

R.M.O. DR. A.S.I.C Informed at ---

Admitting Dr. ASHOK VERMA Informed at ---

Receptionist

Unit / 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

