





Ref. No.: FRR/Vinayak/1008/2025-26

Dated: 06.06.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Parth

Sex: Male **Age:** 1Year 10 Months .

Father Name: Raj Kumar.

Address: House Number 69 Shivam Enclave Old Halibetpur Greater Noida (U.P.).

Diagnosis: Approx. 20% Thermal Burn.

Date of Admission: 05/06/2025

Overall Analysis: The patient - Master Parth was brought in to our hospital by his father - Mr. Raj Kumar on 5th June, 2025. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot tea while he was playing at home. His mother was making tea for her family suddenly Master Parth contacted with hot tea and burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 20% TBSA Thermal Burn Injury. The Burns is on legs and hips area. 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 10 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	52,000.00
Funds - RMO, Nursing, Consultants & Specialists	52,000.00
Funds - Dressing & Procedures	56,000.00
Funds - Rehabilitation (Physiotherapy)	2,000.00
Funds - Medicines + Consumables + Transfusions	54,000.00
Funds - Pathology & Diagnostics	7,000.00
Total (in numbers)	223,000.00
Total (in words):	Two Lakh Twenty Three 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	223,000.00
Stage 2	2,000.00
Total (in numbers)	225,000.00
Total (in words)	Two Lakh Twenty Five Thousand Only

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



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 आद्यशिक्ष

गदर फुन्सर्न

सी - 63 वैसमैन्ट साउथ एक्स पार्क - 2

नई दिल्ली - 49

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय साविनय निवेदन यह है कि मेरा नाम राज कुमार है।

मेरा निवास H.No-69, लिव्स एनक्लेव ओल्ड हैबतपुर गेट

नोएडा में स्थित है। मेरा एक बेटा है। जिसका नाम

पार्थ चौधरी है। उसकी आयु 1 साल 10 महीना है।

मेरा बेटा घर में खेल रहा था, तभी अचानक

ठर्म चाय के पत्तीले के संपर्क में आने के कारण

जल गया। जिसके कारण मैं उसे नोएडा के विनायक

हॉस्पिटल लेकर गया और वहाँ पर उसके इलाज

के लिए दो लाख पच्चीस 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 का सहायता प्रदान करें।

Date:- 05/June/2025

बेटे का नाम:- पार्थ चौधरी

उम्र:- 1 साल 10 महीना

पता:- H.No-69, लिव्स

एनक्लेव ओल्ड हैबतपुर

गेट नोएडा

आपकी आतिथ्या होगी।

आपका प्रार्थी

राज कुमार।

राज कुमार

T-RAJAN

MLC No - 3843

UHID-P2501573


**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2500320

Room No. 201 Category

Date of Admission 5/6/25



Name MASTER PARTH CHAUDHARY

S/o, D/o, W/o MR. RAJ KUMAR

Occupation

Age 1 YRS 10 MONTHS Sex M

Religion HINDU

Father's / Husband's Name

Address HNG-69, SHIVAM ENCLAVE
OLD HAIBATPUR GREATER NOIDA

Phone : Office Res.

Advance Receipt No. Date 5/6/25

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. SAURABH PANDEY Informed at 13:11PM

Admitting Dr. ASHOK KUMAR VERMA Informed at 13:11PM
Charu
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.

Pijum
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



26670

EMERGENCY ASSESSMENT

NAME MADAN PARTHA CHAUDHARY AGE / SEX 14/m DATE 5/6/25 UHID P250153

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 - 136/m

B P -

Resp Rate - 26/m

Temp - 98.6

Ht / Wt - 74

Investigations

SpO2 94 AS / MM
RBS 121 us

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

Treatment

= clo - Recusant venum PP
- fever on yolt
- par - ul in

ASIS - Deep Thermal burn (TBSA = 20%)

oleu side

Adm

- Admission + Dr. A.K. Verma

IN - PEP7RZ 700mg IV 12m

IV - QWBY 0.5m IV 12m

IV - RANTAL 0.5m IV 2m

IVF -

Name & Sign Of Doctor

Dr. SAURABH KUMAR PANDEY
MBBS

For Appointment Call 0120-4504400

