Ref. No.: FRR/Vinayak/1013/2025-26

Dated:28.07.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Keshav.
Sex: Male **Age:** 10 Months 4 Days .
Father Name:Sanjay Kumar.
Address: Bulandshehr (U.P.).
Diagnosis: Approx 25% Thermal Burn.
Date of Admission: 28/07/2025

Overall Analysis: The patient - Master Keshav was brought in to our hospital by his father - Mr.Sanjay Kumar on 28th July 2025.The child has sustained thermal Burn Injury due to accidentally coming in contact with hot oil. His elder sister was carrying the child suddenly she slipped and Master Keshav contacted with hot oil and got burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 25% TBSA Thermal Burn Injury. The Burns is on back area, head area and hand area . The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 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	**48,000.00**
Funds - Dressing & Procedures	**35,000.00**
Funds - Rehabilitation (Physiotheraphy)	**2,000.00**
Funds - Medicines + Consummables + Transfusions	**45,000.00**
Funds - Pathology & Diagnostics	**5,000.00**
Total (in numbers)	**187,000.00**
Total (in words):	**One Lakh Eighty Seven 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	**3,000.00**
Total (in numbers)	**3,000.00**
Total (in words):	**Three Thousand Only**
Fund Requirement - TOTAL	
Stage 1	**187,000.00**
Stage 2	**3,000.00**
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 Mater Keshav .

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
सदर कन्सर्न
सी - 603 वेसमेंट साउथ एक्स पार्ट - 2
नई दिल्ली - 49

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र |

सहोदय सविनय निवेदन यह है कि मेरा नाम संजय है | मेरा निवास कुडवल बनारस, बुलंदशहर, बुलंदशहर, उत्तर प्रदेश में स्थित है | मेरा एक बेटा है | जिसका नाम केशव है | उसकी आयु 10 महीना 4 दिन है | मेरा बेटा घर में खेल रहा था, तभी अचानक गर्म तेल की कड़ाही के संपर्क में आने के कारण जल गया | जिसके कारण मैं उसे तीरंदा के विनायक हॉस्पिटल लेकर गया और वहाँ पर उसके उपचार के लिए एक लाख नब्बे हजार 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 |

आपकी अति कृपा होगी |

आपका प्रार्थी
संजय |

Date :- 28/July/2025
बेटे का नाम :- केशव
उम्र :- 10 महीना 4 दिन
पता :- कुडवल. बनारस.
बुलंदशहर . बुलंदशहर .
उत्तर प्रदेश

संजय

MLC No. 3863

VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2500383

Room No. 201 Catagory

Date of Admission 28/07/25

Name MASTER KESHAV

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

Occupation

Age 10 MONTHS 4 days Sex M

Religion HINDU

Father's / Husband's Name

Address KUDVAL BAHARI

BULANDSHAHR, BULANDSHAHR U.P — 203201

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accopanying relative

Phone : Office Res.

R.M.O. Dr. REENA Informed at 12.09

Admitting Dr. ASHOK KUMAR VERMA Informed at 12.10

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.

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

(A Unit of Chaudhary Nursing Home Pvt. Ltd.)

VINAYAK HOSPITAL

MLC - 3863 done in vinayak hospital

27113

EMERGENCY ASSESSMENT

NAME MASTER KESHAV AGE / SEX 10M/M DATE 28.7.25 UHID

Personal History
Alcohol / Smoking / Tobacco Chewing / other

Allergy

Past History ALL NIL

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication NIL

Vaccination Status

Inital Assessment & Examination

Pulse Rate - /36
B P - —
Resp Rate - 36/min
Temp - 98.6°F
Ht / Wt - 8kg.

Investigations

SPO2 96%
RBS 198 mg%

TRIAGE CODE
P1 ☐ RED
P2 ☐ YELLOW
P3 ☐ GREEN
P4 ☐ BLACK

Dietary Advise & Preventive Care Normal diet.

Chief Complaints 12:04 PM

Above child came to casuality with c/o 1 day old burn scald (22-25% TBSA) - pain, burning sensation over scalp (half), ~~upper~~ right left forearm and back.

Treatment

A/H/O accidental injury (burn scald) happened as told by his parent that this elder sister was carrying him when he accidentally slipped and the child fell into hot cooking oil in Kachnai. on 27/7/25 at 8:15 PM at home village Kudwal Banaras, Dist. Bulandshahar.

O/E - ~~22~~25% TBSA including - posterior scalp, right+left forearm & Back

Admit ↓ Dr. A.K. Verma (Informed)

℞

1. STAT 1/2 ampule IM STAT
2. IVF RL 300ml in first 8hrs, 300ml in next 16hrs.
3. MONOCEF 200 IV 12hrly (LAST)
4. AMIKACIN 60 IV 12hrly (LAST)
5. PANTOP 8mg IV STAT/24hrly
6. PCM 100mg IV every 6hrs

Rx as per advice

Name & Sign Of Doctor

Dr. KARINA JAIN
MBBS, M.O
Reg. No. UPMC-103705