



Ref. No.: FRR/Vinayak/1016/2025-26

Dated: 20.08.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Preeti.

Sex: Female **Age:** 13 Days .

Father Name: Amit Kumar

Address: Chaprola Ghaziabad (U.P).

Diagnosis: Approx 20% Thermal Burn.

Date of Admission: 20/08/2025

Overall Analysis: The patient - Baby Preeti - was brought in to our hospital by her father - Mr. Amit Kumar on 20th August 2025. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot milk while she was at home. Her mother was giving hot milk to her other child, suddenly that milk fall onto Preeti and she got 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 hand area, abdomen area and leg areas. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 13 days, 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	53,000.00
Funds - RMO, Nursing, Consultants & Specialists	46,000.00
Funds - Dressing & Procedures	69,000.00
Funds - Rehabilitation (Physiotherapy)	1,000.00
Funds - Medicines + Consumables + Transfusions	46,000.00
Funds - Pathology & Diagnostics	5,000.00
Total (In numbers)	220,000.00
Total (In words):	Two Lakh Twenty 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	220,000.00
Stage 2	5,000.00
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 Baby Preeti .



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

AO/AD

मैं

श्रीमान आदर

मदर कनसर्व

सी - 63 वेसमैट साउथ एक्स पार्क - 2

नॉर्थ दिल्ली - 49

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र ।

महोदय सावित्र निवेदन यह है कि मेरा नाम अमीत कुमार है । मेरा निवास हापरौला गाजियाबाद, उत्तर प्रदेश में स्थित है । मेरी एक बेटी है । जिसका नाम प्रीति है । उसकी आयु 13 दिन है । मेरी बेटी घर में नोर्ड हुई थी । तभी अचानक किसी दूसरे बच्चे के हाथ से गिरा हुआ जो पत्थरी गिरने के कारण जल गई है । जिसके कारण मैं उसे गोरगा के विनायक हॉस्पिटल लेकर गया और वहाँ पर उसके इलाज के लिए दो लाख पच्चीस हजार रुपये का खर्चा बर्गवा गया है । जो कि मैं यह खर्चा उठाने में असमर्थ हूँ । इसलिए मैं आपसे निवेदन यह है कि मेरी बेटी को सहायता प्रदान करें ।

Date :- 20/August/2025

बेटी का नाम :- प्रीति

उम्र :- 13 दिन

पता :- हापरौला गाजियाबाद,

उत्तर प्रदेश

आपकी आतिकृपा होगी ।

आपका प्रार्थी

अमीत कुमार ।

अमीत



VINAYAK HOSPITAL



27368

EMERGENCY ASSESSMENT

NAME BABY P. P. P.

AGE / SEX 13 Days DATE 20/8/25 UHID 2505132

Personal History

Alcohol / Smoking / Tobacco

Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication NIL

Chief Complaints

Abuse neonate came to casualty with mild

burn injury on

Ls Both Buttocks

genital

Both thigh

Half ankles

{Both} ≈ TBSA 20%

Vaccination Status

A/N/O mild burn given by her mother that
her 4yr old sister accidentally spilled hot
milk over her at home 7am

Initial Assessment & Examination

Pulse Rate - 148/min

BP - NA

Resp Rate - 48/min

Temp - 40.2°F

Ht / Wt - 4kg

RBS - 148mg/dL

Investigations

↓

CBC

ESR

Blood group

LFT

KFT

Treatment

O/C - Baby is crying, in pain, mild

Admit & surgery. Dr. A.K. Verma (Informed)

Lx

9N/ MONOLEF 100mg IV (2ndly LAST)

9N/ PAIN 60mg IV 2ndly

9N/ ANTAC 40mg IV 2ndly

9VF 160ml IV → 80ml in 8hrs

→ 80ml in 16hrs

In a p. admin

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

Dietary Advise & Preventive Care

Contd. Amber

Name & Sign Of Doctor

Dr. Amber

MD, DGO

Reg. No. UPAC-40070

Vinayak Hospital, Noida

T-RAJAN

MLCNO - 3871

UHID - P2503192

VINAYAK
HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2500732

Room No. ICU Category

Date of Admission 20/8/25



Name BABY PREETI

S/o, D/o, W/o MR. AMIT KUMAR GOND

Occupation

Age 13 DAYS Sex F

Religion HINDU

Father's / Husband's Name

Address CHAPRAULA GHAZIABAD
UP

Phone : Office Res.

Advance Receipt No. Date 20/8/25

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. REENA Informed at 3:30 PM

Admitting Dr. ASHOK KUMAR VERMA Informed at 3:30 PM

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.

Mukesh
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. EMR to ICU

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

