
realme P1 5G


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Ref. No.: FRR/Vinayak/1017/2025-26
Dated: 28.08.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Rishu.
Sex: Male **Age**:7 Years.
Father Name:Dinesh Sahane
Address: Sector 51 Noida (U.P.).
Diagnosis: Approx 30% Thermal Burn.
Date of Admission: 28/08/2025

Overall Analysis: The patient - Master Rishu was brought in to our hospital by his father - Mr.Dinesh on 28th August 2025.The child has sustained thermal Burn Injury due to accidentally coming in contact with hot rice water while he was playing at home,his mother making food for her family suddenly Master Rishu contacted with hot rice water due to this he got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 30% TBSA Thermal Burn Injury. The Burns is on chest area, abdomen area, hand, leg, back and face area . The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 7 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	**52,000.00**
Funds - RMO, Nursing, Consultants & Specialists	**58,000.00**
Funds - Dressing & Procedures	**55,000.00**
Funds - Rehabilitation (Physiotheraphy)	**2,000.00**
Funds - Medicines + Consummables + Transfusions	**55,000.00**
Funds - Pathology & Diagnostics	**5,000.00**
Total (in numbers)	**227,000.00**
Total (in words):	**Two Lakh Twenty 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	**227,000.00**
Stage 2	**3,000.00**
Total (in numbers)	**230,000.00**
Total (in words)	**Two Lakh Thirty Thousand Only**

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

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
मदर कन्सर्न
सी-63 बेसमेन्ट साउथ एक्स पार्ट-2
नई दिल्ली-49

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम दिनेश साहनी है। मेरा निवास सेक्टर-51 नोएडा, उत्तर प्रदेश में स्थित है। मेरा एक बेटा है। जिसका नाम रिशु कुमार है। उसकी आयु 7 वर्ष है। मेरा बेटा घर में खेल रहा था, तभी अचानक गर्म उबले चावल के पानी 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 तीस हजार रुपये का खर्चा बताया गया है। जो कि मैं यह खर्चा उठाने में असमर्थ हूँ। मेरा आपसे निवेदन यह है कि मेरे बेटे को सहायता प्रदान करें।

Date :- 28/August/2025

आपकी अति कृपा होगी।
आपका प्रार्थी
दिनेश सहनी।

बेटे का नाम : रिशु कुमार
उम्र :- 7 वर्ष
पता :- सेक्टर-51,
नोएडा, उत्तर प्रदेश

दिनेश

VINAYAK
HOSPITAL

19795

EMERGENCY ASSESSMENT

NAME MASTER RISHU KUMAR AGE / SEX 7Y/Male DATE 28/8/25 UHID 2500757
P250396

Chief Complaints

Personal History
Alcohol / Smoking / Tobacco Chewing / other
Allergy
Past History
Diabetes / HT / IHD / TB
OTHER
Menstrual History
Current Medication
Vaccination Status

Pt brought to Casualty c̄ A/H/O burns today 28/8/2025, approx 9 Am at home. while child was playing and mother was cooking rice. while playing child collided and fell into the boiling rice water Container resulting burns. brought by his mother for further management of burns.

Inital Assessment & Examination

Treatment

O/E: Conscious oriented in pain, afebrile
No pallor, icterus, cyanosis, child active passing urine and stool.

Pulse Rate - 130/min
B P - ←
Resp Rate - 26/min
Temp - 98.2°F
Ht / Wt - 20kg
SpO2 96% at

CVS] NAD
CNS]

P/A No distension c̄ burns +
R/S B/L AE (+)

L/E: 2nd degree deep burn involving neck / B/L scapula area, left arm / B/L shoulders, Rt arm, abdomen.

TBSA ≈ 25% to 30%.

Investigations
NBS 366 g/l

Rx Dressing done Megaheal + T Relck
IVF RL/DNS @ 100 ml x 8 hrs
@ 50 ml/hr / for 16 hrs
Patient Admitted
under DR Ashok Verma

Advice
Antibiotics
High protein diet

Dietary Advise & Preventive Care

Name & Signature of Doctor

VINAYAK
HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No 2500757

Room No 202 Catagory

Date of Admission 28/8/2025

Name MASTER RISHU KUMAR

S/o, D/o, W/o MR. DINESH SAHANE

Occupation

Age 7 YRS Sex MALE

Religion HINDU

Father's / Husband's Name SEC-51

Address NOIDA, UP

Phone : Office Res.

Advance Receipt No. Date 28/8/25

For Rs.

Name & Address of accopanying relative

Phone : Office Res.

R.M.O. Dr. DR SAURAB. Informed at 12:30PM

Admitting Dr DR ASHOK KUMAR VERMA Informed at 12:40PM

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.

सुनील
Signature of Patient / Relative

Unit / Consultant DR. ASHOK KUMAR

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


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