



Ref. No.: FRR/Vinayak/1019/2025-26

Dated:04.10.2025

## PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Master Annu Kumar.

**Sex:** Male **Age:** 7 Years.

**Father Name:** Neeraj.

**Address:** New Shatabdi Puram Govindpuram Ghaziabad (U.P.).

**Diagnosis:** Approx 30% Thermal Burn.

**Date of Admission:** 04/10/2025

**Overall Analysis:** The patient - Master Annu was brought in to our hospital by his father - Mr. Neeraj on 4th October 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 working milk for her family suddenly Master Annu contact with hot milk 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 back area, hip area and leg 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	45,000.00
Funds - Rehabilitation (Physiotherapy)	5,000.00
Funds - Medicines + Consumables + Transfusions	45,000.00
Funds - Pathology & Diagnostics	5,000.00
<b>Total (in numbers)</b>	<b>210,000.00</b>
<b>Total (in words):</b>	<b>Two Lakh Ten Thousand Only</b>

**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	210,000.00
Stage 2	5,000.00
Total (in numbers)	215,000.00
Total (in words)	Two Lakh Fifteen Thousand Only

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



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 अध्यापक

गदर क्लब्स

सी - 63 वेसमोन्ट स्माउथ एक्स पार्क - 2

नई दिल्ली - 49

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय सावित्र निवेदन यह है कि मेरा नाम नीरज नागर है। मेरा निवास न्यू जातलुदीपुरम गोविंदपुरम, गाजियाबाद, उत्तर प्रदेश में स्थित है। मेरा एक बेटा है जिसका नाम अन्व है। उसकी आयु 3 साल है। मेरा बेटा घर में खेल रहा था। तभी अचानक गर्म दूध के पतिली के संपर्क में आने के कारण जल गया है। जिसके कारण मैं उसे तुरंत के विनाथक हॉस्पिटल लेकर गया और वहाँ पर उसके रिलीज के लिए दो लाख फूट्टे 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 :- 04/10/2025

बेटे का नाम :- अन्व

उम्र :- 3 साल

पता :- न्यू जातलुदीपुरम,  
गोविंदपुरम, गाजियाबाद,  
उत्तर प्रदेश

आपकी आत्कृपा होगी।

आपका प्रार्थी

नीरज नागर ।

नीरज



19795

## EMERGENCY ASSESSMENT

NAME CLASTER ANNU AGE / SEX 7 Y / MALE DATE 04.10.2025 UHID P2504071

### Personal History

Alcohol / Smoking / Tobacco

Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication

### Chief Complaints

Above child came to Casualty with Unhealed  
Scald burn happened 20.9.2025, 15 days ago.

A/H/O Scald burn given by the child's parents  
that the milk was boiling when he accidentally  
fell down, hot milk poured over his body  
15 days back. Child initially treated  
by the local doctor; then brought to this hospital  
for the Management of Burns Injury.

O/E - Child is Stable and Conscious  
Admitted. under DR. VERMA

Dr. Pande IV. 5L / 2L

Dr. RL/NS e 6ml / 1L

Dr. Pen. 33mg IV / 8hr

Dr. Moxyc 550mg IV. 12hrs Com

Dr. Parvats - B 5ml / 1hr 2hrs

### Vaccination Status

### Initial Assessment &

#### Examination

Pulse Rate 92bpm

B P - 96/52

Resp Rate 22 HL

Temp - 99°F

Ht / Wt

125 cm / 22 kg

### Investigations

SP02 96%

### Dietary Advise & Preventive Care

Normal diet

Name & Sign Of Doctor  
  
VINAYAK HOSPITAL  
Noida





**VINAYAK  
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 250094

Room No. 84 Category .....

Date of Admission 04/10/2025



Name MASTER ANNU  
S/o, D/o, W/o Neeraj NAGAR  
Occupation .....  
Age 7 Y Sex MALE  
Religion HINDU  
Father's / Husband's Name Neeraj NAGAR  
Address New State Capital From  
GIVINGPORA, GHANABAD U.P  
Phone : Office ..... Res. ....  
Advance Receipt No. .... Date .....  
For Rs. ....  
Name & Address of accompanying relative .....  
.....  
Phone : Office ..... Res. ....  
R.M.O. Dr. Reena Informed at 9.30h  
Admitting Dr. ASHOK KUMAR Informed at 9.30h  
.....  
.....  
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.

Neeraj  
Signature of Patient / Relative

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 .....

Discharge Date ..... Time ..... Bill No. / R.No. .... Dated .....

For Rs. .... Received / Refundable after adjustment of advance Rs. ....

Authorised Signatory

