



Ref. No.: FRR/Vinayak/1021/2025-26

Dated:10.11.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Prince .

Sex: Male **Age:**8 Years .

Father Name:Umesh Singh.

Address:Aadhar Post Nagla Jula Mainpuri Uttar Pradesh(U.P.).

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 08/11/2025

Overall Analysis: The patient - Master Prince was brought in to our hospital by his father - Mr.Umesh on 8th November 2025.The child has sustained thermal Burn Injury due to accidentally coming in contact with hot water while he was playing at home,his mother warming water for her family suddenly Master Prince came in contact with hot water due to this he got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 35% TBSA Thermal Burn Injury. The Burns is on chest 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 8 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	48,000.00
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
Total (in numbers)	200,000.00
Total (in words):	Two Lakh 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	15,000.00
Total (in numbers)	15,000.00
Total (in words):	Fifteen Thousand Only
Fund Requirement - TOTAL	
Stage 1	200,000.00
Stage 2	15,000.00
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 Master Prince.



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

श्रीमता उद्योग

सदर कुन्सर्न

सी - 68 वेसमैन्ट साउथ एक्स पार्ट - 2

नई दिल्ली - 49

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र ।

महोदय सावित्र निवेदन यह है कि मेरा नाम उमेश सिंह पाल है । मेरा निवास अंडाहार, पोस्ट - नाला जुला, मेनपुरी, मेनपुरी उत्तर प्रदेश में स्थित है । मेरा एक बेटा है । जिसका नाम प्रिन्स पाल है । उसकी आयु 8 साल है । मेरा बेटा घर में खेल रहा था तभी अचानक गर्म पानी के पतिले के संपर्क में आने के कारण जल गया है । जिसके कारण मैं उसे नौएडा के विनाथक हॉस्पिटल लेकर गया और वहाँ पर उसके डॉक्टर के लिए दो लाख पन्द्रह 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 को सहायता प्रदान करें ।

Date :- 08/11/2025

बेटे का नाम :- प्रिन्स पाल

उम्र :- 8 साल

पता :- अंडाहार, पोस्ट - नाला

जुला, मेनपुरी, मेनपुरी उत्तर

प्रदेश

आपकी आभारता होगी ।

आपका प्रार्थी

उमेश सिंह पाल ।

उमेश

MLC No- 3892

UHID- P2504979


**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2501169

Room No. 202 Category

Date of Admission 8/11/25



Name MASTER. PRINCE PAL

S/o/D/o, W/o MR. UMESH SINGH PAL

Occupation

Age 8 Y Sex M

Religion HINDU

Father's / Husband's Name MR. UMESH PAL

Address ANIPALHAR POST NAGKLA

JULA, MAINPUR, U.P.

Phone : Office Res.

Advance Receipt No. Date 8/11/25

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. S.K. BEHERA Informed at 1:49 PM

Admitting Dr. ASHOK KUMAR Informed at 1:49 PM

 Monty
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.

Umesh Pal

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. 602 to 402

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



VINAYAK HOSPITAL



27627

EMERGENCY ASSESSMENT

NAME MASTEN PRINCIPAL AGE / SEX 81 male DATE 8/11/2025 PHNO 82504979

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

Chief Complaints

A/H/O Hot water
Burn on both legs & chest
Occurred at Home when the child
Accidentally fell into Hot water pot

Pain Score



Vaccination Status

Initial Assessment & Examination

Pulse Rate 96/min
BP - 100/70
Resp Rate - 20
Temp - 98.6 F
Ht / Wt - 160 cm / 60 kg

Treatment

at Home on 22/10/25 at 8 AM at the
Patient got forehead laceration initial
days then brought to Vinayak Hospital
on 8/11/2025 for further management
burn injury, 30% to 35% TBSA

Investigations

Adv. 8/02/2025
1. High Prothrombin Time & Admitted under
2. Dr. Anupam 4/11/2025. Patient shifted to Room
3. Dr. Verma NO 202 for further management

Dietary Advice & Preventive Care

1. Soft diet
2. Soft diet
3. Soft diet
4. Soft diet
5. Soft diet
6. Soft diet

Name & Sign Of Doctor



[Signature]

