



Ref. No.: FRR/Vinayak/1022/2025-26

Dated:01.12.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Monty.

Sex: Male **Age:** 3 Years .

Father Name:Sanjeev Kumar.

Address:Sector 87 Nayagaon Noida (U.P.).

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 30/11/2025

Overall Analysis: The patient - Master Monty was brought in to our hospital by his father - Mr.Sanjeev Kumar on 30th November 2025.The child has sustained thermal Burn Injury due to accidentally coming in contact with hot oil while he was playing at home , his mother making food for her family suddenly Master Monty contacted with hot oil 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 and legs areas. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 3 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
Total (in numbers)	210,000.00
Total (in words):	Two Lakh Ten 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	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 Monty.



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 कन्सुनी

सी-63 बेसमेंट साउथ रबर्स पार्क-2

नई दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र

महोदय

सविनय निवेदन यह है, मेरा नाम संजीव कुमार है, मेरा निवास स्थान सेक्टर-87 नोरखा नया गाँव में स्थित है, मेरा एक बेटा है, जिसका नाम मोन्टी है जिसकी आयु 3 वर्ष की है मेरा बेटा घर में खेल रहा था, अचानक खेलते-खेलते वह बर्तन में रखे गर्म तेल के ऊपर गिर पड़ा जिससे वह जल गया उसके इलाज के लिए मैं उसे नोरखा के विनाफ्ल्ड हॉस्पिटल लेकर गया और दिनांक 30-11-2025 रात साढ़े आठ बजे भर्ती कराया वहाँ पर उसके इलाज के लिए दो लाख पन्नाह हजार रुपये का खर्चा बताया गया जो कि मैं यह खर्च उठाने में असमर्थ हूँ, अतः आपसे निवेदन है, मेरे बेटे के इलाज के लिए सहायता प्रदान करें।

दिनांक
30-11-2025

बेटे का नाम - मोन्टी

उम्र - 3 वर्ष

पता - Sector-87
Noida

आपकी आति कृपा होगी।

आपका प्रार्थी

संजीव कुमार



VINAYAK
HOSPITAL



27627

EMERGENCY ASSESSMENT

NAME MASTER MONTY AGE / SEX 3/Male DATE 30-11-25 UHID Pa505317

Personal History

Alcohol / Smoking / Tobacco

Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

Other

Menstrual History

Current Medication

Vaccination Status

Initial Assessment &

Examination

Pulse Rate - 100/100

B P - 90/50

Resp Rate - 24/10

Temp - 98.6

Ht / Wt - 100/17/100

Investigations 76%

Sto 2 97%

Chief Complaints

IPD - Vit 9501261

above Patient - Came to
Casualty A/H/H/ Burn injury.
Child accidentally fell into
hot boiled oil, at home two days back.
Patient got initiated treatment locally. When
brought to Vinayak Hospital for further treatment.

Treatment

OK - STABLE, Conscious

S/E - B/L A/E - PA / soft CNS - NAD

Dressing done and admitted under
DR. A. H. K. VERMA

1. Inj. Momet 50mg. IV - 12 Hours -

2. Sy. Rontac 5ml. I/O. 4x/day

3. Sy. Penicillin IV

4. Sy. Itraconazole 100mg IV

Name & Sign of Doctor

Dietary Advice &
Preventive Care

Follow up



For Appointment Call 0120-4504400

NH-1, Sector-27, Atta, Noida-201301 / Helpline : 0120-2444222, 2444333 / Mobile : +91 9911286222 / Website : www.vinayakhospitalnoida.com

VH/EMERGENCY ASSESSMENT/2024



**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2501261
Room No. 201 Category
Date of Admission 30/11/2025



Name MASTER MONTY
S/o, D/o, W/o MR. SANJEEV
Occupation
Age 34 Sex Male
Religion
Father's / Husband's Name
Address SECTOR 87, NAYAGARH
NOIDA, UP
Phone : Office Res.
Advance Receipt No. Date
For Rs.
Name & Address of accompanying relative

Phone : Office Res.
R.M.O. Dr. Reema Informed at 4 PM
Admitting Dr. Ashtak kumar Informed at 4:00
VERNN
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.

Sreen
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

NH-1, Sector-27, Atta, Noida-201301
Tel. No. : 0120-4504400, 2444222, 2444333 / Website : www.vinayakhospitalnoida.com

