





Ref. No.: FRR/Vinayak/10026/2024-25

Dated: 27.01.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Anuj.

Sex: Male **Age:** 5 Years .

Father Name: Sonu Kumar.

Address: Amarpur P.O Dankaur G.B. Nagar Uttar Pradesh (U.P.).

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 27/01/2026

Overall Analysis: The patient - Master Anuj was brought in to our hospital by his father - Mr. Sonu Kumar on 27th January 2026. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot water while he was at home. His mother was warming water for her family, suddenly Master Anuj came in contact with hot water and 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, legs area and genital area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 5 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 3 Weeks of treatment.

Funds - Hospital Stay	56,000.00
Funds - RMO, Nursing, Consultants & Specialists	52,000.00
Funds - Dressing & Procedures	53,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	47,000.00
Funds - Pathology & Diagnostics	8,000.00
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 Mater Anuj.

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

AO/AD

देखाने

श्री मान उद्दाम

महेश्वर वानसर्ग

सी 63 वैशम्पैय साउथ स्ट्रैट्स पार्क 2

नई दिल्ली - 110019

विषय :- आपकी सहायता हेतु प्रार्थना पत्र

महोदय स्वर्णिम निवेदन यह है कि मेरा नाम सीतू है मेरा
पिता अमरपुर पोस्ट धनगौर श्रीमन्त बुद्ध मठ उत्तर प्रदेश में
स्थित है मेरा एक बेटा है। उसका नाम अनूप है उसका आयु
5 साल का है मेरा बेटा घर में खेलते- खेलते अचानक घर में
रखे गर्म पानी के टप में गिर गया जिसके कारण मेरा बेटा पल
गया उसे मैं विनायक हॉस्पिटल लेकर गया और वहाँ पर
उसके इलाज के लिए दो लाख पच्चीस हजार रुपये का खर्चा
लाया गया है जो कि मैं यह खर्चा उठाने में असमर्थ हूँ।
अतः मेरा आपसे निवेदन यह है कि मेरा बेटा का
सहायता प्रदान करें।

दिनांक = 27/1/2026

बेटे का नाम = अनूप

उम्र = 5 वर्ष

पता = अमरपुर पोस्ट धनगौर

श्रीमन्त बुद्ध मठ उत्तर प्रदेश

आपकी आर्ति धूपा होगी

आपका आशीर्वाद

सीतू



**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2501475
Room No. 205 Catagory
Date of Admission 27.1.2026



Name <u>MASTER ANUS</u>	Unit / Consultant <u>ASHOK KUMAR VERMA</u>
S/o, D/o, W/o <u>SONU</u>	Date of Discharge
Occupation	Provisional Diagnosis
Age <u>57</u> Sex <u>M</u>	Final Diagnosis
Religion <u>HINDU</u>	Infectious nature of disease : Yes/No
Father's / Husband's Name	Outcome : LAMA / Stable / Improved / Cured / Died
Address <u>AMARRUR P.O. DANKUR</u>	Death Record filled by Dr.
<u>DIST. GAUTAM BUDDHANAGAR</u>	
Phone : Office Res.	FOR DELIVERY CASE ONLY
Advance Receipt No. Date	Date and Time of Delivery
For Rs.	New Born : Male / Female
Name & Address of accompanying relative	Birth record filled by Dr.
Phone : Office Res.	
R.M.O. Dr. <u>REENA</u> Informed at <u>3:45 PM</u>	Patient shifted from Room No. to
Admitting Dr. <u>ASHOK KUMAR VERMA</u> Informed at <u>3:45 PM</u>	On
<u>VERMA</u> Receptionist	Shifted from Room No. to
	On
	Shifted from Room No. to
	On
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. <u>Mubeen</u> Signature of Patient / Relative	

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

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

Authorised Signatory



VINAYAK HOSPITAL



MLC - done in GIMS
Noida.

EMERGENCY ASSESSMENT

NAME 28559 MASTER ANVI AGE / SEX 54 / M DATE 27/1/26 UHID P25061
15:45 PM

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 - 141/min

BP - 100/60 mmHg

Resp Rate - 14/min

Temp - 98.6°F

Ht / Wt -

wt - 14 kg

Investigations

SpO₂ - 95%
RBS 121

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

Dietary Advise & Normal
Preventive Care diet
Protein Rich

Follow up

Chief Complaints

Above pt. came to casualty with his parent
with c/o - scald burn over
both his lower limb +
genitals + buttock on 27/1/26
at 3 PM.

Pain Score



Treatment

A/H/O - accidentally falling in hot water
tub at home on 27/1/26 at 7 AM. at
Anirampur, GB Nagar

O/E - Both lower limbs, genital, buttocks ha
been burned = 30% of TBSA, G.C.B - se

S/E - S₁, S₂ ⊕
B/L A/E ⊕ clear
PIA - left
LNS - NAD

Admit to Dr. A.K. Verma

Rx 9NJ. MONOCEF 300mg IV 12hrly
9NJ. AMIKACIN 100mg IV 12hrly [AST]
9NJ. MONOCEF 300mg IV 12hrly
9NJ. 9VF RL 1200ml in 2hrs
SYP. FOURTS B 5ml P/O 2hrs
REST AS ADVISED
9NJ. T.T. 1mg IM already given in GIMS
9NJ. PCM 200mg IV 6hrs

Name & Sign Of Doctor
Dr. REENA JAIN
Regd. No. UPMC-106703
VINAYAK HOSPITAL, NOIDA

Website : www.vinayakhospitalnoida.com
VINAYAK HOSPITAL, NOIDA



