





Ref. No.: FRR/Vinayak/10028/2024-25

Dated: 03.03.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Anushka.

Sex: Female **Age:** 3 Years .

Father Name: Lokesh Singh.

Address: Jewar House Number -20 Sector 11 Noida Gautam Buddh Nagar (U.P).

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 03/03/2026

Overall Analysis: The patient - Baby Anushka - was brought in to our hospital by her father - Mr.Lokesh on 3rd March 2026. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot oil while she was at home. Her mother was making food for her family, suddenly baby Anushka contact with hot oil 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 hip areas. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 3year , 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	55,000.00
Funds - RMO, Nursing, Consultants & Specialists	52,000.00
Funds - Dressing & Procedures	48,000.00
Funds - Rehabilitation (Physiotherapy)	1,000.00
Funds - Medicines + Consumables + Transfusions	49,000.00
Funds - Pathology & Diagnostics	10,000.00
Total (in numbers)	215,000.00
Total (in words):	Two Lakh Fifteen 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	10,000.00
Total (in numbers)	10,000.00
Total (in words):	Ten Thousand Only
Fund Requirement - TOTAL	
Stage 1	215,000.00
Stage 2	10,000.00
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 Baby Anushka .



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 अहयबु
महेश कानसनी

सी 63 बीसमिन्ट साउथ एक्स पार्सि-2

नई दिल्ली - 110019

विषय :- आपकी सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम लीकेशा सिंह है
जिसका निवास नोएडा सिविल 11 में स्थित है मेरी एक बही है
जिसका नाम अनुष्का कुमारी है उसकी आयु 3 वर्ष की है मेरी
बही घर में रहते हुए गर्भवती के अन्दर गिर गई जिसके
कारण मेरी बही पल गई उसे मेरे विनायक हास्पिटल लेकर
गया और वहाँ पर उसके इलाज के लिए 2 लाख पच्चीस हजार
रुपये का खर्च लगाया गया है जो कि यह खर्च उठाने में
असमर्थ हूँ अतः आपसे निवेदन यह है कि मेरी बही का
सहायता प्रदान करें।

दिनांक = 03/3/26

बही का नाम = अनुष्का

उम्र = 3 वर्ष

पता = नोएडा सिविल 11

आपकी आति कृपा होगी।

आपका प्रार्थी

लीकेशा सिंह



VINAYAK HOSPITAL

(A Unit of Chevdhary Nursing Home Pvt. Ltd.)



28918

EMERGENCY ASSESSMENT

mlc no - 2920

NAME LADY ANUSKA LADOL AGE / SEX 34 / F DATE 02/3/26 UHID 2106072

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 - 120/min

B P -

Resp Rate - 20/min

Temp - 101.2°

Ht / Wt - 130kg

SpO2 - 95%

Investigations

PBS - 12/10/26

Chief Complaints

A baby girl brought to casualty with
 A/H/O - Deep scald burn
 burn by hot oil at
 Home - Navala near
 Govt. primary school -
 today (02/3/26) at = 7:30 PM
 including area - back, all buttocks,
 pain at site of burn

Pain Score



slc
 was with H/O -
 Mrs. Anuska LADOL
 P/A -
 Treatment
 advised

TRIAGE CODE
P1 <input type="checkbox"/> RED
P2 <input type="checkbox"/> YELLOW
P3 <input type="checkbox"/> GREEN
P4 <input type="checkbox"/> BLACK

Adv. - Admission to Dr. A.K. Verma
 By -
 Inj - MONOCEF 650mg I.V.
 Inj - PANTOC 0.5ml I.V. - 12h
 Inj - PCM 20ml I.V. - 8h
 Syp - TABGELU - 5ml - 8h
 Syp - L22 - 4ml - 12h
 I.V.F. PL @ 650ml I.V. over 8h
 then 650ml over 16h
 Name & Sign Of Doctor

Dietary Advise & Preventive Care

Follow up

T. NADHAN (GENERAL MANAGER)

PHONE - 2912

UNIT - P3506872



VH. No. 2501686

Room No. 206 Category

Date of Admission 2/03/26



A Unit of Chaudhary Nursing Home Pvt. Ltd.

Name BABY ANUSHKA LUHAR
 S/o, D/o, W/o MR. LOKESH SINGH
 Occupation
 Age 3Y Sex F
 Religion HINDU
 Father's / Husband's Name
 Address M-20 SEC-II, NOIDA, P.O. NOIDA
 DIST. GHAZIAMBUDDHA, NAGAR, U.P.
 Phone : Office Res. 8810509338
 Advance Receipt No. Date 2/03/26
 For Rs.
 Name & Address of accompanying relative
 Phone : Office Res.
 R.M.O. Dr. HARI Informed at 10:19 AM
 Admitting Dr. ASHOK KUMAR VERMA Informed at 10:19 AM
 Monty Receptionist

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. to

On

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.

Signature of Patient / Relative LOKESH SINGH

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

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

Authorised Signatory

