





Ref. No.: FRR/Vinayak/10027/2025-26

Dated: 02.03.2026

**PROFORMA INVOICE / FUND REQUISITION REPORT:**

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Master Divyansh.

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

**Father Name:** Arun Kumar.

**Address:** Village Dibal Bulandshahr (U.P.).

**Diagnosis:** Approx 50% Thermal Burn.

**Date of Admission:** 01/03/2026

**Overall Analysis:** The patient - Master Divyansh was brought in to our hospital by his father - Mr. Arun Kumar on 1st March 26. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot water while he was playing at home. His mother was making food for her family suddenly Master Divyansh contacted with hot curry and burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 50% TBSA Thermal Burn Injury. The Burns is on chest area, back area, lower abdomen, hip area and genital 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 3 Weeks of treatment.

Funds - Hospital Stay	62,000.00
Funds - RMO, Nursing, Consultants & Specialists	62,000.00
Funds - Dressing & Procedures	71,000.00
Funds - Rehabilitation (Physiotherapy)	8,000.00
Funds - Medicines + Consumables + Transfusions	81,000.00
Funds - Pathology & Diagnostics	22,000.00
<b>Total (In numbers)</b>	<b>306,000.00</b>
<b>Total (In words):</b>	<b>Three Lakh Six 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	14,000.00
Total (in numbers)	14,000.00
Total (in words):	Fourteen Thousand Only
<b>Fund Requirement - TOTAL</b>	
Stage 1	306,000.00
Stage 2	14,000.00
Total (in numbers)	320,000.00
Total (in words)	Three Lakh Twenty Thousand Only

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



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

सुंदर कन्सर्न

सी-63 बेसमेंट साउथ रजिस्ट्रार मार्ग-2

नई-दिल्ली - 49

विषय - आर्थिक सहायता हेतु प्रार्थना - पत्र

सहोदर

सुविनय निवेदन यह है मेरा नाम अरुण कुमार है मेरा निवास स्थान जिला बुलन्दशहर के डिबारा में स्थित है मेरा एक बेटा है जिसका नाम दिव्यांशु है जिसकी आयु तीन वर्ष की है, मेरा बेटा घर में खेल रहा था अचानक खेलते-खेलते वह बालन में रखे गर्म पानी के ऊपर गिर पड़ा जिससे मेरा बेटा जल गया इसके इलाज के लिए मैं उसे नोएडा के विनायक हॉस्पिटल लेकर गया और दिनांक 01-03-2026 को वहाँ पर भर्ती कराया, वहाँ पर उसके इलाज के लिए तीन लाख बीस हजार रुपये का खर्च बताया गया जो कि मैं यह खर्च उठाने में असमर्थ हूँ, अतः आपसे निवेदन है, मेरे बेटे के इलाज के लिए सहायता प्रदान करें।

आपकी आज्ञा लुपा होगी।

दिनांक  
01-03-2026

बेटे का नाम - दिव्यांशु

उम्र - 3 वर्ष

पता - डिबारा

बुलन्दशहर

(यू०पी०)

आपका प्रार्थी

अरुण कुमार



## EMERGENCY ASSESSMENT SHEET

Master DIVYANSH  
S/o MR. ARUN KUMAR  
UHID P2506850 IPD No. VH2501683  
DOA 01/Mar/2026 17:14206/13  
DR. ASHOK KUMAR VERMA  
GENERAL & LAP. SURGERY

UHID No. ....  
Patient Name.....  
Date: ...../...../..... Time of arrival .....AM/PM MLC: Yes  No   
Age: .....Years

Height.....Centimeters Weight..... Kilogrammes  
Mode: Stretcher  Wheelchair  Walking

Treated in emergency from: 11.5:13 am / pm to 5:33 am / pm

Discharged from emergency to:  
Ward  ICU/HDU  OT  Home  DAMA  DIED

Chief Complaints: A/H/O Deep cold burn  
T. 78.4 ~ 50%

Past Medical History: N/S

Allergies: H/L

GENERAL EXAMINATION & VITALS:  
BP: ..... PULSE: 122 ..... ICTERUS: ..... CLUBBING: .....  
R/R: 32 ..... SPO2: 95% ..... PALLOR: ..... OEDEMA: .....  
GCS: 15/15 ..... TEMPERATE: 98.6 ..... CYANOSIS: .....  
OTHER: N/L

PHYSICAL EXAMINATION: .....

SYSTEMIC INVESTIGATION:  
CVS: S/L (t)  
RESPIRATORY: Muc A.E.S. (t)  
CNS: Grandy  
OTHERS: .....



28951

## EMERGENCY ASSESSMENT

NAME: MAST DIVYANJH AGE / SEX: 34YR/M DATE: 01/03/26 UHID: 9506880

**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 - 132

B P -

Resp Rate - 32

Temp - Afebrile

Ht / Wt - 12/Kg

Sat 95%

**Investigations**

**Chief Complaints**

34yr old male baby brought to

Casualty with

A/H/O Accidental burn from hot boiling water at home on 01/03/26 @ 3pm

Pain Score



Including Area: chest + back + (R) upper limb + Both thigh Anterior aspect + posterior aspect + Perineal area

**TRIAGE CODE**  
 P1 RED  
 P2 YELLOW  
 P3 GREEN  
 P4 BLACK

Breasting done (+)

G.C Sick  
 Progression Guided explained to relative  
 E TBSA ≈ 50%

chest B/L A&E (+)  
 CVL b L (+)  
 P/A soft B/L (+)

- IVF RL 1000ml over 0hrs  
 F/B 1000ml OVER NEXT 16HRS

- INJ PIPTAZ 120mg IV QHRLY  
 - INJ PCM 120mg IV 12HRLY

**Dietary Advise & Preventive Care**  
 Soft diet

**Follow up**  
 SYP LL2 3ml OD HS  
 SYP IBUS 100mg 3ml QHRLY

- INJ RAN TAC 15mg 12HRLY  
 - FOLEY'S CATH INSERTION ON

**Name & Sign Of Doctor**



