





Ref. No.: FRR/Vinayak/10003/2026-27

Dated: 08.05.2026

**PROFORMA INVOICE / FUND REQUISITION REPORT:**

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Master Anshu.

**Sex:** Male **Age:** 1 Year .

**Father Name:** Radhey.

**Address:** Shakarpur Thana Ramesh Park Delhi.

**Diagnosis:** Approx 30% Thermal Burn.

**Date of Admission:** 08/05/2026

**Overall Analysis:** The patient - Master Anshu was brought in to our hospital by his father - Mr.Radhey on 8th May 2026. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot milk while he was at home. His mother was warming milk for her family, suddenly Master Anshu contact with hot milk 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 chest, hand area and abdomen area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 1 year, 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	41,000.00
Funds - RMO, Nursing, Consultants & Specialists	42,000.00
Funds - Dressing & Procedures	53,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	57,000.00
Funds - Pathology & Diagnostics	15,000.00
<b>Total (in numbers)</b>	<b>212,000.00</b>
<b>Total (in words):</b>	<b>Two Lakh Tweleve Thousand Only</b>

**Fund Requirement - Follow Up**

Please find below the detailed fund requirement for Follow Up period of 1.5 Month Post Discharge.

<b>Funds - Follow Up Visits &amp; Dressings</b>	<b>3,000.00</b>
<b>Total (in numbers)</b>	<b>3,000.00</b>
<b>Total (in words):</b>	<b>Three Thousand Only</b>
<b>Fund Requirement - TOTAL</b>	
<b>Stage 1</b>	<b>212,000.00</b>
<b>Stage 2</b>	<b>3,000.00</b>
<b>Total (in numbers)</b>	<b>215,000.00</b>
<b>Total (in words)</b>	<b>Two Lakh Fifteen Thousand Only</b>

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Master Anshu .



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

AO/AD

श्रीवा मे,

श्री मान आहंपन्न

महंर कन्सन्

सी 63 वेसमेन्ट साउथ एबल पर्थ-2

नई दिल्ली - 110

विषय :- आपकी सहायता हेतु प्रार्थना पत्र ।

मैदाप्य स्थिति विवेदन यह है कि मैरा नाम राधा है  
मैरा निवास सकरपुर धाना रमेश पार्क दिल्ली में स्थित है मैरा एक बेटा  
है उसका नाम अंशु है उसका आयु 1 वर्ष का है मैरा बेटा घर में रखे  
हुए गर्म कुछ उसके उपर गिर गया जिसके कारण मैरा बेटा जल  
गया उसके बिनापफ होस्पिटल बेका गया वहाँ पर उसके इलाज के  
लिथ दो भात पंद्रह हजार रुपये का खर्चा खतया गया है कि यह  
खर्च उठाने में असमर्थ है अतः आपसे विवेदन यह है कि मैरा  
बेटा का सहायता प्रदान करे ।

दिनांक = 8/05/21

बेटा का नाम = अंशु

उम्र = 1 वर्ष

पता = सकरपुर धाना रमेश पार्क  
दिल्ली

आपकी आति कृपा होगी

आपका प्रार्थी

राधा



41352

OPD INITIAL ASSESSMENT

NAME Mastika ANSHU AGE / SEX / male DATE 8/5/2026 UHID VH26001R

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

Chief Complaints

above child care to casualty  
 90% Seald burn injury over left upper limb, abdomen -

Pain Score

Vaccination Status

- Initial Assessment & Examination
- Pulse Rate - 134/m
- B P - NA
- Resp Rate - 32/m
- Temp - 38.1m
- Ht / Wt - 101.3cm
- SpO2

Treatment  
 child accidentally fell on hot water pot at home.

Investigations 8.7kg  
 SpO2 97

of baby casualty stable and intact  
 9.52  
 M/L A/E I  
 R/L SF CNS/NA  
 TRSA 25-30%

Require admission - Admit under DR. A.K. VERMA for further treatment.

Dietary Advice & Preventive Care

Dr. TAZAR SWIV 12 hrs  
 Dr. Ranta Darg 1W hourly  
 Dr. RL @ 330/hw  
 Exp. fants 1/2 bowl con 2m



Follow up



# VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. VH 2600/186  
 Room No. 203 Category .....



Date of Admission 08/5/2026

Name MASTER ANSHU  
 S/o, D/o, W/o Radhey  
 Occupation .....  
 Age 17 year Sex .....

Religion .....

Father's / Husband's Name .....

Address SHAKA PUR THANA  
Ramesh Park Delhi

Phone : Office ..... Res. ....

Advance Receipt No. .... Date .....

For Rs. ....

Name & Address of accompanying relative .....

Phone : Office ..... Res. ....

R.M.O. Dr. Reena Informed at 9.15A  
 Admitting Dr. A.K. VERMA Informed at 9.15A

[Signature]  
 Receptionist

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 .....

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]  
 Signature of Patient / Relative

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

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

Authorised Signatory

