



Ref. No.: FRR/Vinayak/10007/2026-27

Dated: 15.06.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Divya Kumari.

Sex: Female **Age:** 1 Year 7 Months.

Father Name: Raj Kumar.

Address: Bangel Sector 102 Noida Uttar Pradesh.

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 14/06/2026

Overall Analysis: The patient - Baby Divya Kumari was brought in to our hospital by her father - Mr. Raj Kumar on 14th June 2026. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot tea while she was at home. Her mother was making tea for her family, suddenly Baby Divya contact with hot tea 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 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 7 months, 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	53,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	208,000.00
Total (in words):	Two Lakh Eight 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	2,000.00
Total (in numbers)	2,000.00
Total (in words):	Two Thousand Only
Fund Requirement - TOTAL	
Stage 1	208,000.00
Stage 2	2,000.00
Total (in numbers)	210,000.00
Total (in words)	Two Lakh Ten Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Baby Diya .



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

AO/AD

श्रीमान्,

श्रीमान् अध्यापक
महेश कन्सर्न
सी-63 लैसमैन्ट साउथ एका पार्स-2
नई दिल्ली - 49

विषय :-

आपकी स्हापता हेतु प्रार्थना पत्र।
महोदय स्वामिन्स निवेदन यह है कि मेरा नाम राज कुमार है
मेरा पिताश भंगोल सेक्टर - 102 में स्थित है मेरी एक बही
है उसका नाम दिव्या कुमारी है उसकी आयु 1 साल 7 महीना
की है मेरी बही घर में खड़े हुए गर्भ पाय उसके उपर
गिर गया जिसके कारण मेरी बही जब गर्भ भूसे भी
विनापक होशियार लेकर गया वहाँ पर उसके इलाज के
लिए दो लाख दस हजार रुपये का खर्च बताया गया जो कि
यह खर्च उठाने में असमर्थ हूँ अतः आपसे निवेदन यह है
कि मेरी बही का स्हापता प्रदान करे।

दिनांक = 15/06/20

बही का नाम = दिव्या कुमारी

उम्र = 1 साल 7 महीना

पता = भंगोल सेक्टर - 102

आपकी आशीर्वादा होगी

आपका प्रार्थी

राज कुमार



29881

EMERGENCY ASSESSMENT

outside MLC No - 4127
Glow. 2nd. West. Gid Nagar.

NAME Baby DIVYA KUMAR AGE / SEX 1:7 Y/F DATE 14/6/26 UHID P260412

Chief Complaints

A Baby girl brought to casualty with clo -

Pain Score



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

we use m...
ch...
PIA - soft
cut - Constrict

HILO - deep scald burn
EASA = 25-30V
HILO - Burn by hot tea today at 1:30pm at Home - changed sec-102 - revised.

Initial Assessment & Examination

Pulse Rate - 128/min
BP -
Resp Rate - 30/min
Temp - 98.4°F
Ht / Wt - 10kg

Treatment

IE - Insulating are - neck, chest abdomen, Lt upper limb & Lt lower limb (thigh)
clo - severe pain at burn site

SpO2 - 98%
Investigations
PBS - 133 mg/dl

Adm. - Admission & Dr. K. Verma
Dressing -

- Oral - MOWOF 250 mg i.v - 12 hr
- Inf - AMKPCIN 75 mg i.v - 12hr cont
- Sty - PANAC 0.5ml i.v - 24hr
- Inf - PCM 15ml i.v - 8hr
- Syp - IBUCLIN - 5ml q 4hr
- Syp - LCC - 2.5 ml - 12hr
- i.v - PL @ 500 ml i.v - over 8hr
- Shew - 500ml over 16hr
- Shew - @ 20ml/hr

Name & Sign Of Doctor

TRIAGE CODE
P1 RED
P2 YELLOW
P3 GREEN
P4 BLACK

Dietary Advise & Preventive Care
per appropriate diet

Follow up
Inf - 5-5 - Out Pat



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No.

Room No. 202 Category

Date of Admission 14.06.2026 2.30 PM



Name BABY DIVYA KUMARI

S/o, D/o, W/o MR. RAJKUMAR

Occupation

Age 1Y 7MONTH Sex FEMALE

Religion HINDU

Father's / Husband's Name RAJKUMAR

Address

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

BANSEL SECTOR - 102
NOIDA UP.

Phone : Office Res.

R.M.O. Dr. HARJ Informed at 2:30 PM

Admitting Dr. ASHOK VERMA Informed at 2:45 PM

[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

