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VINAYAK HOSPITAL

Ref. No.: FRR/Vinayak/10008/2026-27

Dated: 26.06.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Suresh.
Sex: Male **Age:**8 Years.
Father Name:Paras Paswan.
Address: Ward Number 1 Belauncha, Madhubani, Bihar.
Diagnosis: Approx 45% Thermal Burn.
Date of Admission: 26/06/2026

Overall Analysis: The patient - Master Suresh was brought in to our hospital by his father - Mr.Paras Paswan on 26th June 26.The child has sustained thermal Burn Injury due to accidentally coming in contact with hot oil while he was playing at home. His mother was making food for her family suddenly Master Suresh contacted with hot oil and got burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 45% TBSA Thermal Burn Injury. The Burns is on back area, face area,hands and legs areas. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 8 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	42,000.00
Funds - RMO, Nursing, Consultants & Specialists	52,000.00
Funds - Dressing & Procedures	57,000.00
Funds - Rehabilitation (Physiotheraphy)	8,000.00
Funds - Medicines + Consummables + Transfusions	61,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	235,000.00
Total (in words):	Two Lakh Thirty Five Thousand Only

www.ngocrowdfunding.org

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	**235,000.00**
Stage 2	**5,000.00**
Total (in numbers)	**240,000.00**
Total (in words)	**Two Lakh Forty Thousand Only**

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

VINAYAK HOSPITAL

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

AO/AD

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सेवा में,

श्री मान अध्यक्ष
मदर कन्सर्न
सी-63 बेसमेन्ट साउथ एक्स पार्ट-2
नई दिल्ली - 49

विषय :-

आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम पारस पासवान है मेरा निवास बेलाचा मधुबनी बिहार में स्थित है मेरा एक बेटा है उसका नाम सुरेश कुमार है उसका आयु 8 वर्ष का है मेरा बेटा घर में एवं हुए गर्म तेल उसके ऊपर गिर गया जिसके कारण मेरा बेटा जल गया उसे मैं विनायक हॉस्पिटल लेकर गया वहाँ पर उसके इलाज के लिए दो लाख चालीस हजार रुपये का खर्च बताया गया है कि यह खर्च उठाने में असमर्थ हूँ अतः आपसे निवेदन यह है कि मेरा बेटा का सहायता प्रदान करें

दिनांक = 26/6/24

बेटा का नाम = सुरेश कुमार

उम्र = 8 वर्ष

पता = बेलांचा बिहार मधुबनी

आपकी अति कृपा होगी

आपका प्रार्थी
पारस पासवान

www.mothercon cern.org

VINAYAK HOSPITAL

41355

OPD INITIAL ASSESSMENT

NAME: Master Suresh Kumar AGE / SEX: 8Y / Male DATE: 26/06/2026 UHID: VH2600418

Chief Complaints

above Patient Brought to Causality W/H/ Deep Scald burn.

Pain Score

Incident occured while the child playing in home accidently slipped into the Hot boiling oil at home on 25/06/2026 8hr and initial treatment taken locally then Brought to Vinayak Hospital for further Management.

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

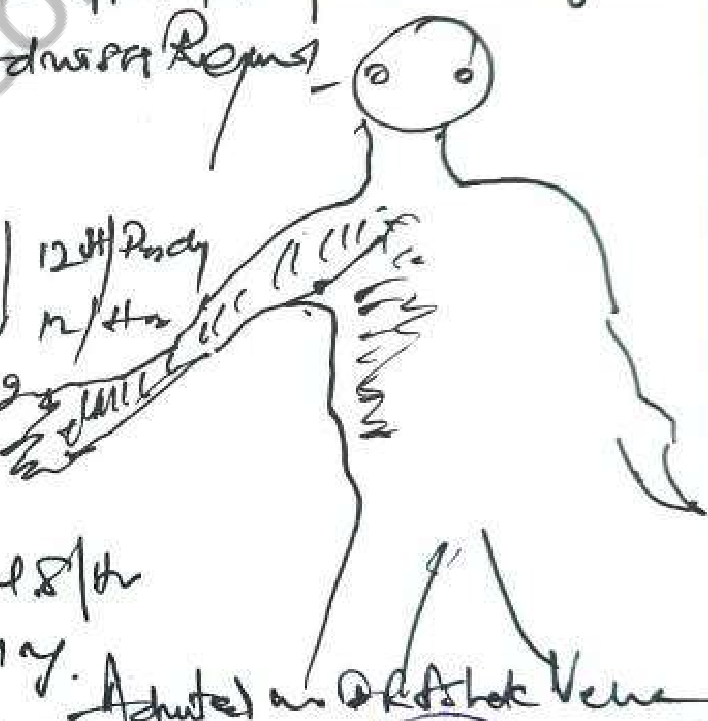
Vaccination Status

Inital Assessment & Examination
Pulse Rate - 126
B P -
Resp Rate -
Temp -
Ht / Wt -
SpO2 -
Investigations

CBC SPO2
LFT RFT
KFT
Mineral

Treatment

Tbsa 40% to 45% Admission Reqd.



Adv.

Inj. Meropenem 500mg IV | 12 H/Pady
Inj. Amikacin 150mg IV | 12/Hrs
Inj. Pantop 1/2 IV - OD
Inj. Pcm. 3.1
Inj. ... 8/hr
Syp. ... - 5ml. Day
Inj. TT ... - oup
Inj. Dynapar - 1/2 IV.

Admitted on Dr Ashok Verma

Dietary Advice & Preventive Care

Follow up

NH-1, Sector-27, Atta, Noida-201301

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VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. VH2.6004.18

Room No. 204 Catagory

Date of Admission 26/8/26 10 Am

Name MASTER SURESH KUMAR

S/o, D/o, W/o PARAS PASWAN

Occupation

Age 8Y Sex M

Religion HINDU

Father's / Husband's Name PARAS PASWAN

Address WARD-01 BELAUNCHA MADHUBANI, BIHAR

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accopanying relative

Phone : Office

R.M.O. Dr. SK. BEHRA Informed at 10 Am

Admitting Dr. AK VERMA Informed at 10 Am

Receptionist

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

Unit / Consultant DR ASHOK VERMA D/S

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

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

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

Authorised Signatory

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