



Ref. No.: FRR/Vinayak/10015/2026-27

Dated: 30.09.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Deepanshi Kumari.

Sex: Female **Age:** 2 Years .

Father Name: Rahul Nagar.

Address: Salarpur Khadar Sector 107 Noida G.B. Nagar (U.P.).

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 30/09/2026

Overall Analysis: The patient - Baby Deepanshi - was brought in to our hospital by her father - Mr. Rahul - on 30th Sept. 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 Deepanshi came in contact with hot oil and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 35% TBSA Thermal Burn Injury. The Burns is on chest area and hand areas. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 2 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 2 Weeks of treatment.

Funds - Hospital Stay	51,000.00
Funds - RMO, Nursing, Consultants & Specialists	42,000.00
Funds - Dressing & Procedures	51,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	62,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	225,000.00
Total (in words):	Two Lakh Twenty Five 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	5,000.00
Total (in numbers)	5,000.00
Total (in words):	Five Thousand Only
Fund Requirement - TOTAL	
Stage 1	225,000.00
Stage 2	5,000.00
Total (in numbers)	230,000.00
Total (in words)	Two Lakh Thirty Thousand Only

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



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

AO/AD

सेवा 3.

श्री मान अहयस

मदर कन्सर्न

सी. 63 बेसमिन्ट साउथ 2वस पार्क-2

नई दिल्ली - 110049

विषय :-

आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम राहुल नागर है मेरा निवास मेरठा रोड - 107 सतारपुर खादर उत्तर प्रदेश में स्थित है मेरी एक बेटी है उसका नाम दिपांशी कुमारी है उसकी आयु 2 साल की है मेरी बेटी घर में रखे हुए गर्भाल उसकी उपर गिर गया जिसके कारण मेरी बेटी जल गई उसे मैं विनायक हॉस्पिटल लेकर गया वहाँ पर उसके इलाज के लिए दो लाख तीस हजार रुपये का खर्चा बताया गया जो कि यह खर्चा उन्होंने भी असमर्थ हैं अतः आपसे निवेदन यह है की मेरी बेटी का सहायता प्रदान करें।

दिनांक = 30/09/20

बेटी का नाम = दिपांशी कुमारी

उम्र = 2 साल

पता = मेरठा रोड - 107
सतारपुर खादर

आपकी आर्ति रूपी होगी

आपका प्रार्थी

राहुल नागर



VINAYAK HOSPITAL



41372

OPD INITIAL ASSESSMENT

NAME BABY DEEPANSHI KUMARI / F AGE / SEX 2 / F DATE 30.9.2026 UHID 2601071

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 138/m

B P -

Resp Rate 32/m

Temp - 98.6

Ht / Wt - 98.6

SpO₂ 98%

Investigations

Sr 97%

LB 175%

Chief Complaints

Above patient brought by her

Parent A/H/O oil burn,

accidentally baby fell down into the boiling hot oil on 28.9.2026 at 8 PM at home. Treatment taken locally then brought to Casualty today

Treatment

Adv - Admiss - Dressing done and Analgesic

Under Dr Ashok Kumar Vetrar.

In. monesol 475mg IV. 12 hr

In. amice an. 8mg. IV. 12 hr

In. Ben. 10mg IV 8hr.

In. Ibuprofen 3ml. 8hr

In. Len 2.5mg bed time

Patient shifted to ward

Pain Score



Dietary Advice & Preventive Care

Follow up





**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No.

VH 2601071

Room No.

22/ICU Catagory

Date of Admission

30-9-2026 11:30 AM



Name BABY DEEPANSHI KUMARI

S/o RAHUL NAGAR

Occupation

Age

21

Sex

Female

Religion

HINDU

Father's / Husband's Name

Address

SALAR PUR KHADAR
SECTOR - 107, NOIDA UP

Phone : Office

Res.

Advance Receipt No.

Date

For Rs.

Name & Address of accompanying relative

Phone : Office

Res.

R.M.O. Dr.

DR. HARI

Informed at

11:30 AM

Admitting Dr.

ASHOK VERMA

Informed at

11:40 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

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

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

