





Ref. No.: FRR/Vinayak/10064/2024-25

Dated:08 .04.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Kavya.

Sex: Female **Age:** 3 Years .

Father Name: Ram Kumar.

Address:Rasoolpur Bulandsharh(U.P).

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 07/04/2025

Overall Analysis: The patient - Baby Kavya was brought in to our hospital by her father - Mr.Ram Kumar on 07th March 2025.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 Kavya contacted with hot tea 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 area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 3 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 3 Weeks of treatment.

Funds - Hospital Stay	43,000.00
Funds - RMO, Nursing, Consultants & Specialists	46,000.00
Funds - Dressing & Procedures	34,000.00
Funds - Rehabilitation (Physiotherapy)	1,000.00
Funds - Medicines + Consumables + Transfusions	41,000.00
Funds - Pathology & Diagnostics	5,000.00
Total (in numbers)	170,000.00
Total (in words):	One Lakh Seventy 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	170,000.00
Stage 2	5,000.00
Total (in numbers)	175,000.00
Total (in words)	One Lakh Seventy Five Thousand Only

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



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

AO/AD

सेवा के

श्रीमान अद्यक्ष

शु - गिगलरन वेलफेयर ऑर्गनाइजेशन

सी - 43 वेशनमेंट सउथ स्कून पार्टी - 2
नई - दिल्ली - 49

विषय - अर्थिक सहायता हेतु प्रार्थना पत्र

मै 14/25

शुविनाय निवेदन यह है मेरा नाम रामकुमार
है मेरा निवास स्थान बुलंदशहर में स्थित है
मेरी शर्क बेटी है, जिसका नाम काव्या है। आयु
3 वर्ष की है। मेरी बेटी घर में खेल रही थी
चाय के बर्तन से ठोकर लगाने से जल गयी
उसके इलाज के लिए मैं उसके नोएडा के विनायक
डॉ 2 पी टल लेकर गया और दिनांक 7/4/25
को वहाँ पर भर्ती कराया, वहाँ पर उसके इलाज
के लिए 1 लाख 75 हजार रुपये का शुल्क
जमाया गया जो कि मे भद्र शुर्च उठाने में
असमर्थ हूँ अतः आपसे निवेदन है
मेरी बेटी के इलाज के लिए सहायता प्रदान
करें

दिनांक
7/4/25

आपकी उत्तिकृपा होगी
आपका प्रार्थी
रामकुमार


**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. V112500043

Room No. 202 Category

Date of Admission 07/04/25



Name BABY KAVYA

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

Occupation

Age 3Y Sex F

Religion HINDU

Father's / Husband's Name

Address SHAFIUR KALAM, RASOOL PUR

TITHALI, RASHOL, BULANDSHAHAR UP

Phone : Office Res.

Advance Receipt No. Date 07/04/25

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. S.K. BEHERA Informed at 14:11PM

Admitting Dr. ASHOK KUMAR VERMA Informed at 14:11PM

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 KUMAR VERMA

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

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

Tel. No. : 0120-4504400, 2444222, 2444333 / Website : www.vinayakhospitalnoida.com



VINAYAK HOSPITAL

Baby Kavya
D/o Mr. Ram Kumar
HIP P2500244

3 Y/F

Reg No. VH2500043 I.



26186

EMERGENCY ASSESSMENT

NAME Kavya AGE / SEX 3 Y/F DATE 7.12.15 UHID

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

Chief Complaints

11:5 PM
M/O Buren with hot pot & tea the pot was near by and the child fell on the pot and sustained burn involving back ab. hrs — ① Rt Arm 5. ② Lt Arm, axilla, fore arm and chest covering 30% majority at

Treatment

1st — Buland shah Bahapur Noida. brought road by father. Mob. 6397069123. Initial I was oil. Buland 36% and lake 2% with. Dr. P. N. EN'S chemical. Total burn 38%.

Initial Assessment & Examination
Pulse Rate - 127/m
B P - -
Resp Rate - 28/m
Temp - 38.4 F
Ht / Wt - 86cm / 10kg
SpO2 96%
Investigations

RBS 116 mg/dl

Spoken to
A K Verma

Dietary Advise & Preventive Care

202

TRIAGE CARD
P1 ☐ RED
P2 ☐ YELLOW
P3 ☐ GREEN
P4 ☐ BLUE

- ① Normal diet as specified 2 yr child
- ② IV-R 250ml 8hr till DR Verma arrives.
- ③ Gp Polysicon 5ml oo
- ④ Temp. decreasing

Dr. Ar

DR A K Verma

Name & Sign Of Doctor

DR. S. K. BEHERA
CCMO
DMC
VINAYAK HOSPITAL NOIDA

