



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.



Fund Requirement - During Hospital Stay

Please find below the detailed fund requirement for the first 3 Weeks of treatment.

Total (in words):	One Lakh Seventy Thousand Only
Total (in numbers)	170,000.00
Funds - Pathology & Diagnostics	5,000.00
Funds - Medicines + Consummables + Transfusions	41,000.00
Funds - Rehabillitation (Physiotheraphy)	1,000.00
Funds - Dressing & Procedures	34,000.00
Funds - RMO, Nursing, Consultants & Specialists	46,000.00
Funds - Hospital Stay	43,000.00

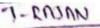
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Fund Requirement - Follow Up	
Please find below the detailed fund requirement for Follow Up period of 1.5 Mo	onth Post Discharge.
Funds - Follow Up Visits & Dressings	5,000.00
Total (in numbers)	5,000.00
Total (in words):	Five Thousand Only
Fund Requirement - 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
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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)

रनेवा क्रे श्रीमान अट्यप्त १ - गिगल्यन वैलाफेयर उनांगीनाइ जेशान 2नी - 63 वेरनमेन्ट श्राउप र्यरन पार्ट- २ - 12 - 12 - 12 - 19 विषयं - अधित स्मरायता हेतु प्राचीना पत्र HE1429 स्मिन्य निवेदन यह है मेरा नाम शमकुमार है मेरा निवारन श्नान जुन दशहर में शिधत है, मेरी श्रम बेटी हैं, जिस्का नाम कार्या है। आम उवर्ष की है। मेरी बेटी छार में खेल शही भी याय के लतेंन रमें छोत्र स्माने श्रे जल गमी 32नेंद्र इलादा के लिए में 3श्रे गोएड़ा के लिगायद E12412 or order 2121 3/12, 12-11 7/4/25 क्रे पर्ने पर अती कराया। वरा पर उसते दलास अथमधे हैं अतं : आपसे जिले दर्म हैं मेरी होटी के इलाज के लिए अरामता प्रकार करें अपने अरो के लिए ं जार्व 75 हलार २०५म का २वनी 27मक्मार





VH No. V1125 00043

Room No. 202 Catagory



A Unit of Chaudhary Nursing Home Pvt. Ltd.

Date of Admission D7/04/21

Name BHBY KAVYA	Unit/Consultant DR. ASHOR KUMAR VERMA	
SO, DO WO MR. RAMKUMAR		
Occupation	Date of Discharge	
Ago 37 Sex F		
Religion HINDU	Provisional Diagnosis	
Father's / Husband's Name	***************************************	
ASSTORS SHAVIFUR KALAN RASDOLPUR	Final Diagnosis	
RTHAULI RASHOL BULANDSHAHR UP		
Phone : Office	Infectious nature of disease : Yes/No	
Advance Receipt No	Outcome : LAMA / Stable / Improved / Cured / Died	
For Rs.	Death Record filled by Dr.	
Name & Address of accopanying relative	FOR DELIVERY CASE ONLY	
	Date and Time of Delivery	
	New Born : Male / Female	
Phone : Office	Birth record filled by Dr.	
RMO Dr. S.K. BEHERA Informed at 14:11PM	Patient shifted from Room No to	
Admitting Dr. ASHOK, KUMAR, Informed at 14:11PM		
VERMA Agree	On	
Receptionist	Shifted from Room No to	
I hereby declare that I am getting admitted in this Hospital on my own will. The expenses have been explained to me	On	
and I agree to make all payments before discharge.	Shifted from Room No to	
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.	On	
Signature of Patient / Relative		
Signature of Patient / Relative		



Baby Kavya

Oo Mr.RamKumar

OHID P2500244

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Reg No. VH2500043 1.)



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202 PIERED DRAK	SLOW SEHES	
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NH-1, Sector-27, Atta, Noida-201301 / Helpline: 0120-2444222, 2444333 /Mobile: +91 9911286222 / Website: www.vinayakhospitalnoida.com		
Website: www.vinayakhospitalnoida.com		

