



Ref. No.: FRR/Vinayak/1005/2025-26

Dated:30.04.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Anant.

Sex: Male **Age:**1 Year 8 Months.

Father Name: Prshant

Address:House Number 77 Vill. Dogwan Bulandshahr (U.P.).

Diagnosis: Approx 40% Thermal Burn.

Date of Admission: 30/04/2025

Overall Analysis: The patient - Master Anant - was brought in to our hospital by his father - Mr.Prshant on 30th April 2025.The child has sustained thermal Burn Injury due to accidentally coming in contact with hot milk while he was playing at home.His mother was warming milk for her family suddenly Master Anant contacted with hot milk and burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 40% TBSA Thermal Burn Injury. The Burns is on chest area, abdomen, hand area 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 1 year 8 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 3 Weeks of treatment.

Funds - Hospital Stay	72,000.00
Funds - RMO, Nursing, Consultants & Specialists	78,000.00
Funds - Dressing & Procedures	71,000.00
Funds - Rehabilitation (Physiotherapy)	5,000.00
Funds - Medicines + Consumables + Transfusions	76,000.00
Funds - Pathology & Diagnostics	7,000.00
Total (in numbers)	309,000.00
Total (in words):	Three Lakh Nine 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	11,000.00
Total (in numbers)	11,000.00
Total (in words):	Eleven Thousand Only
Fund Requirement - TOTAL	
Stage 1	309,000.00
Stage 2	11,000.00
Total (in numbers)	320,000.00
Total (in words)	Three Lakh Twenty Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Mater Anant .



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

AO/AD

शेना में

श्रीमन् अध्यक्ष

रू- गिर। लश्त लेनफेयर ऑबर्निड लोशन

सी- 43 वेसमेन्ट शउथ फाई- 2

नई- दिल्ली

विषय - अर्थिक सहायता हेतु प्रार्थना पत्र

महोदय

शुबिन्ध निवेदन यह है, मेरा नाम प्रशांत है

मेरा निवास स्थान बुलंदशहर मेरा बेटे का नाम अनन्त है, वह 1 शब्द 8 माहीने का है। वह घर में खेल रहा था फार्म में गरम दूध रखा था जिन में गीर के जल गया जिस वजह से बच्चे के इलाज के लिए मैं उसे नीएडा के विनायक हॉस्पिटल लेकर आया और 30-4-25 के यहाँ पर भर्ती कराया वहाँ पर इसी इलाज के लिए 3 लाख 20 हजार रुपये का खर्च बताया गया, जो कि मैं यह खर्च उठाने में असमर्थ हूँ अतः आपसे निवेदन है मेरे बेटे के इलाज के लिए सहायता प्रदान करें।

दिनांक
30-4-25

आपकी अतिमृपा होगी
आपका प्रार्थी
प्रशांत

T-RASHAN

MLCNO-3836

UNIT-P2500197


**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2500159

Room No. 206 Category

Date of Admission 30/4/25



Name MASTER ANANT

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

Occupation

Age 1 YRS 8 MONTHS Sex M

Religion HINDU

Father's / Husband's Name

Address HNO-77 VILL DOBWAN

BULANDSHAHR UP

Phone : Office Res.

Advance Receipt No. Date 30/4/25

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. S.K. BEHERA Informed at 10:30AM

Admitting Dr. ASHOK KUMAR VERMA Informed at 10:25AM

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.

PRSHANT
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

26400

EMERGENCY ASSESSMENT

NAME ANANAS AGE / SEX 50 / 425 DATE 15/04/25 UHID P250297

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 - 136/min

B P -

Resp Rate - 38/min

Temp - 98.6

Ht / Wt - 8.5 kg

Investigations

BP 02 96/

RBS -

Spoken to DR
Verma, Surgeon

Dietary Advise & Preventive Care

206

Treatment

TRIAJE CODE	1	2	3	4
RED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORANGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GREEN	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BLACK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Child was brought at night.
On exam RT arm, fore arm, RT
arm, cubital fossa
RT upper abdomen, chest,
front, lateral infra axillary
area, buttock, thigh
perineal area, perianal
Extent of burn 35 to 40%
superficial
Superficial - Air entry good
SUS - 3/5
RA - 0/5

Admitted to SA
AK Verma

Dr. (Col) S.K. BEHERA

VINAYAK HOSPITAL NOIDA
Name & Sign Of Doctor

