





Ref. No.: FRR/Vinayak/1004/2025-26

Dated: 27.04.2025

### PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Master Azan.

**Sex:** Male **Age:** 1 Year 9 Months.

**Father Name:** Irfan

**Address:** Nithari Sector 31 Noida(U.P.).

**Diagnosis:** Approx 45% Thermal Burn.

**Date of Admission:** 27/04/2025

**Overall Analysis:** The patient - Master Azan - was brought in to our hospital by his father - Mr. Irfan on 27th April 2025. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot rice water while he was playing at home. His mother was making food for her family suddenly Master Azan contacted with hot rice water and 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 area and chest area. 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 9 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 2 Weeks of treatment.

Funds - Hospital Stay	52,000.00
Funds - RMO, Nursing, Consultants & Specialists	58,000.00
Funds - Dressing & Procedures	51,000.00
Funds - Rehabilitation (Physiotherapy)	5,000.00
Funds - Medicines + Consumables + Transfusions	56,000.00
Funds - Pathology & Diagnostics	7,000.00
<b>Total (In numbers)</b>	<b>229,000.00</b>
<b>Total (In words):</b>	<b>Two Lakh Twenty Nine Thousand Only</b>



**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	6,000.00
Total (in numbers)	6,000.00
Total (in words):	Six Thousand Only
Fund Requirement - TOTAL	
Stage 1	229,000.00
Stage 2	6,000.00
Total (in numbers)	235,000.00
Total (in words)	Two Thirty Five Thousand Only

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



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

AO/AD

देवेना में

श्रीमन् अध्यात्म

श- गिराल्ड लेफायर ऑर्गनाइजेशन  
नं० - 43 लेसमेन्ट राउन्ड शहर पार्क-2  
नई - दिल्ली प्रार्थना

महोदय

अविनाश निवेदन है, मेरा नाम इशफाक है।  
मेरा निवासी स्थान सेक्टर 31, मोहड़ा है, मेरे  
बेटे का नाम अलान है वह 1 साल 9 महीने का  
है। वह घर में खेल रहा था अचानक चावल  
ले पाकी से ललगाया पीर बढ़ा से उसने  
इलाज के लिए मे मोहड़ा के विनामक हॉस्पिटल  
लेकर आया और दिनांक 27-4-25 के यह पर  
अती करता रहा पर मे बच्चे के इलाज के लिए  
रुलाव 35 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

27-4-25

अपनी अतिपुत्री होगी

अपका प्रार्थी

इशफाक



**VINAYAK  
HOSPITAL**

MLC NO. 3834



## EMERGENCY ASSESSMENT

26381

NAME Matter Azam AGE / SEX 17 / gm / M DATE 27/04/25 UHID @ 8:15 pm

### 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 120 bpm

B P -

Resp Rate - 28 bpm

Temp -

Ht / Wt -

Wt = 10 kg

### Investigations

SpO2 - 96% on RA

o/e - irritable

ans RS2

ans orientation

RLS - MLAB

p/vt soft as

### Dietary Advice &

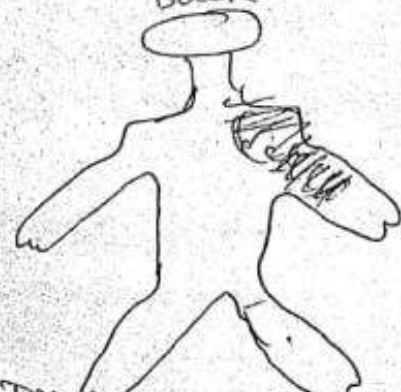
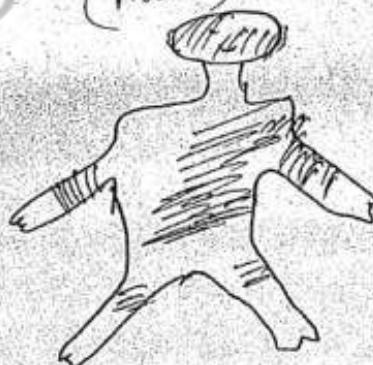
### Preventive Care

Diet as  
advised.

### Chief Complaints

A 17 gm old male baby patient brought to the casualty & A/m/o. Scalded Burn d/t Hot Rice water while baby fell in Hot cooking Rice water at his home, while his mother cooked food, at around 7:00 pm. Near Cui no. 5 Nitham Sree-34 Noida, UP.

A Superficial to Deep scalded Burn  
TBSA  $\approx$  90-95%  
c/o Pain & Bumping sensation over Burn Area.  
G/F Burn over Anterior thorax,  
(Front) Face, B/L U/L, Scapular Region  
Back.



Dressing has been done  
+ Methyl + Cox jelly 2%  
admitted to Dr. A.K. Verma,

Name & Sign Of Doctor

PTO.



MLC No-3834

T. RAJAN

UH#D-P2500739


**VINAYAK  
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2500145/25-26

Room No. ~~100~~ Catagory 201

Date of Admission 27/04/25



Name MASTER, AZAN

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

Occupation

Age 1.9 yrs Sex M

Religion MUSLIM

Father's / Husband's Name

Address NITHARI SEC-3/

NOIDA U.P.

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name &amp; Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. ASIF Informed at 8:28

Admitting Dr. ASHOK KUMAR Informed at 8:28

VERMA

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





