





A Giggles in a Rare Organisation

Ref. No.: FRR/Vinayak/1003/2025-26

Dated: 24.04.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Barkat.

Sex: Male **Age:** 3 Years .

Father Name: Haijul Ansari.

Address: 540 Chhajarsl Sector 63 Noida(U.P.).

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 24/04/2025

Overall Analysis: The patient - Master Barkat - was brought in to our hospital by his father - Mr. Haijul Ansari - on 24th 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 his family suddenly Master Barkat contacted with hot rice water and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 30% TBSA Thermal Burn Injury. The Burns is on back area and hands 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 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	52,000.00
Funds - RMO, Nursing, Consultants & Specialists	48,000.00
Funds - Dressing & Procedures	51,000.00
Funds - Rehabilitation (Physiotherapy)	5,000.00
Funds - Medicines + Consumables + Transfusions	46,000.00
Funds - Pathology & Diagnostics	10,000.00
Total (in numbers)	212,000.00
Total (in words):	Two Lakh Twelve 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	3,000.00
Total (in numbers)	3,000.00
Total (in words):	Three Thousand Only
Fund Requirement - TOTAL	
Stage 1	212,000.00
Stage 2	3,000.00
Total (in numbers)	215,000.00
Total (in words)	Two Lakh Fifteen Thousand Only

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



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

AO/AD

सेवा में

श्रीमान उदयभक्त

श्री गिगल्लन बेलफेयर ऑर्गनाइजेशन

रही-63 बेसमेन्ट शउच शमरन पाठे - 2

नई-दिल्ली - 49

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय

शुविनाथ निवेदन यह है, मेरा नाम मोहम्मद
हैलुल आंसारी है मेरा निवासी स्थान सेक्टर

63, नोएडा है मेरे बेटे का नाम बरकत है। वह

3 वर्ष का है मेरा बेटा चार्ल्स के पानी से लब

गया लीफ्ट कस्टा रहे उसके इलाज के लिए मैं नोएडा

के विनायक होस्पिटल लगेकर आया और दिनांक

24-4-25 के यहाँ पर अती करामा वहाँ पर

बच्चे के इलाज के लिए 2 लाख 15 हजार

20 पैसे 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

24-4-25

आपकी आतिथ्यता होगी

आपका प्रार्थी

मोहम्मद हैलुल आंसारी

T. RATAN

MLCNO-3833

UWID-P25006



A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2500131

Room No. 203 Category

Date of Admission 24/4/25



Name MASTER BARKAT

S/o, D/o, W/o MOHD. HAJJUL ANSARI

Occupation

Age 34RS Sex M

Religion MUSLIM

Father's / Husband's Name

Address 540 CHHAJARI SEC - 63 NOIDA

Phone : Office Res.

Advance Receipt No. Date 24/4/25

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. SAURABH PANDEY Informed at 11:14AM

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

HAJJUL
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



26355

EMERGENCY ASSESSMENT

NAME MAS. BARHA 7 AGE / SEX 3y/M DATE 24/4/25 UHID P-2500674
@ 11:20 Am.

Personal History

Alcohol / Smoking / Tobacco

Chewing / other ☒

Allergy ☒

Past History ☒

Diabetes / HT / IHD / TB ☒

OTHER

Menstrual History N/A

Current Medication

Vaccination Status

Initial Assessment & Examination

Pulse Rate - 136 bpm

B P - —

Resp Rate - 36 /min

Temp - 101°F

Ht / Wt - 10kg

SpO₂ - 98% CPA

Investigations

TRIAGE CODE

P1 ☐ RED
P2 ☒ YELLOW
P3 ☐ GREEN
P4 ☐ BLACK

MBBS. Reg. No. 108412
VINAYAK HOSPITAL, NOIDA

Chief Complaints

Pt. Brought to casualty by Parents
Z Aft 10 Burn z Boiling Rice water,
Yesterday 23/4/2025, approx 8:45 PM,
when child was playing at home.

C/O :- Pain at Burn site
Dec oral intake
Fever ☒

Treatment

O/E - conscious, febrile, in pain,
crying.

- Burn 2" on Left Arm, Forearm
and hand $\approx$ 9%.

- Burn 2" on Left Axilla and
flank $\approx$ 5-6%.

- Burn 2" on Right Axilla $\approx$ 1%.

- Burn 2" on chest $\approx$ 10-13%.

TBSA : 25-29% —

S/E - CVS J - NAD P/A - soft, BS ☒

CNS A/B - B/L AE ☒

Admit Pt to Dr. A.K. Verma

- IN. NEOMOL 15 ml IV stat / 8 hourly

- IN. PAN MONOCF 250 mg IV 12 hourly (AST)

- IN. AMIKACIN 25 mg IV 12 hourly

- IN. PAN 10 mg IV 24 hourly

- IVF DNS/RL @ 40 ml/hr for 8 hours

Name & Sign Of Doctor

Dietary Advice & Preventive Care

high protein diet
Rest as per
consultant



