



Ref. No.: FRR/Vinayak/10062/2024-25

Dated:12.03.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Shivam.

Sex: Male **Age:** 8 Years .

Father Name: Upendra.

Address:Post Adda Bazar Maharazagunj (U.P.)

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 12/03/2025

Overall Analysis: The patient - Master Shivam - was brought in to our hospital by his father - Mr. Upendra on 12th March 2025. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot water while he was playing at home. His mother was making food for her family suddenly master Shivam contacted with hot water and 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 face, back area, hands area, legs 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 8 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	42,000.00
Funds - RMO, Nursing, Consultants & Specialists	52,000.00
Funds - Dressing & Procedures	51,000.00
Funds - Rehabilitation (Physiotherapy)	3,000.00
Funds - Medicines + Consumables + Transfusions	66,000.00
Funds - Pathology & Diagnostics	8,000.00
Total (in numbers)	222,000.00
Total (in words):	Two Lakh Twenty Two 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	8,000.00
Total (in numbers)	8,000.00
Total (in words):	Eight Thousand Only
Fund Requirement - TOTAL	
Stage 1	222,000.00
Stage 2	8,000.00
Total (in numbers)	230,000.00
Total (in words)	Two Lakh Thirty Thousand Only

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



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 उद्यम

रि लिफ इण्डिया ट्रस्ट

श्री-13 वेसमेन्ट शाउथ स्ट्रैट पार्क-2

नई-दिल्ली-49

विषय-अर्थिक सहायता हेतु प्रार्थना-पत्र

श्रवितय निवेदन यह है, मेरा नाम उपेन्द्र है मेरा
निवाश स्थान महाराजगंज, उत्तर प्रदेश है, मेरे बेटे
का नाम शिवम है, वह 8 वर्ष का है वह घर में खेल
रहा था पार्क में ही गरम पानी रखा था अचानक वह
उस पानी में गिर गया जिस वजह से जल गया बच्चे
के इलाज के लिए मैं उसे नोएडा के निवासेक हॉस्पिटल
लेकर गया और दिनांक 12-3-25 को वहाँ पर भर्ती
कराया, वहाँ पर उसके इलाज के लिए 2 लाख 30
हजार रुपये का खर्चा 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

12-3-25

आपकी अतिबुपादेगी

आपका प्राची

उपेन्द्र



**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt Ltd.

MLC-2812

VH. No. 2075/24/25

Room No. 209 Category

Date of Admission 12/03/2025



Name MASTER SHIVAM
 ✓ S/o, D/o, W/o UPENDRA
 Occupation
 Age 8y Sex M
 Religion HINDU
 Father's / Husband's Name UPENDRA
 Address POST ADDA BAZAR
MAHARAJAGANJ, UP
 Phone : Office Res.
 Advance Receipt No. Date
 For Rs.
 Name & Address of accompanying relative
 Phone : Office Res.
 R.M.O. Dr. REKHA Informed at 12 Noon
 Admitting Dr. ASHOK KUMAR Informed at 12.15 PM
Acna
 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.

3404
 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



VINAYAK HOSPITAL

25743

FLC - NO. 3812



EMERGENCY ASSESSMENT

NAME MASTER SHIVAM AGE / SEX 8Y / M DATE 12/03/2025 UHID 20264

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 -

15m

B P -

22m

Resp Rate -

100.2f

Temp -

16/5m

Ht / Wt -

Sp 2 98

Investigations

Rt - 137/87

Dietary Advise & Preventive Care

Sp 2 98

Rt - 137/87

Sp 2 98

Rt - 137/87

Sp 2 98

Rt - 137/87

Sp 2 98

Rt - 137/87

Sp 2 98

Rt - 137/87

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Sp 2 98

Rt - 137/87

Sp 2 98

Rt - 137/87

Chief Complaints

The child was brought to Casualty with l/o accidentally spill of hot water on face and body 08/3/2025 at 10:17. Treatment taken locally. Then brought to this hospital for further treatment of Burns Injuries.

Treatment

on exen - fentanyl in Pain

- faces Swollen closed eyes due to oedema

Injuries areas strip fluids blue surface

Areas Involved

Rx - 1g. Cherry dose

- Inj. Tazact 1.5g

- Inj. Amikaci 12mg. IV - 12hrs

- Inj. Rf Dts. 10mg/hr

- Sp. Ibuprofen 8ml/8hrs

Shifted to Rm.

Face, eyelids, chest & shoulder

Rt & left forearm. Both hip area

Flaps. Total Area is 25 to 30%

Admitted to ward 10th floor

Name & Sign Of Doctor



