





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:** Hajjul 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. Hajjul 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
<b>Total (in numbers)</b>	<b>212,000.00</b>
<b>Total (in words):</b>	<b>Two Lakh Twelve 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	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



शेरा मे

श्रीमन अहमद

रिजिफाइड आउटपुट

अरी- 63 बेरनेमेन्ट आउटपुट आउटपुट - 2

नई दिल्ली

विषय-अधिकृत सहायता हेतु प्रार्थना पत्र

महोदय

शुबिनाथ विवेकन यहाँ है, मेरा नाम मोहम्मद हेबुल  
आंशरी है मेरा निवासी स्थान शेकर-63  
नोएडा है मेरे बेटे का नाम बरकत है। वह 3 वर्ष का  
है मेरा बेटा चार्ल्स के फाली से जल गया जिस  
कारण से उसके इलाज के लिए मैं नोएडा के  
विनायक डॉ. पीटल लेकर आया और दिनांक  
24-4-25 के यहाँ पर अतिमसायावटों पर  
बच्चे के इलाज के लिए 2 लाख 15 हजार  
रुपये का खर्च बताया गया जो कि मैं यह  
खर्च उठाने में असमर्थ हूँ अतः आपसे  
विवेकन है मेरे बेटे के इलाज के लिए सहायता  
प्रदान करें।

दिनांक

24-4-25

आपकी अतिकृपा होगी

आपका प्रार्थी

मोहम्मद हेबुल आंशरी

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, W/o MOHD. HAJJUL ANSARI  
Occupation  
Age 34RS Sex M  
Religion MUSLIM  
Father's / Husband's Name  
Address 540 CHHAJARS I SEC  
- 63 NOIDA  
Phone : Office Res.  
Advance Receipt No. Date 24/4/25  
For Rs.  
Name & Address of accopanying relative  
Phone : Office Res.  
R.M.O. Dr. SAURABH PANDEY Informed at 11:14AM  
Admitting Dr. ASHOK KUMAR VERMA Informed at 11:14AM  
Receptionist

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

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

Discharge Date Time Bill No. / R.No. Dated

For Rs. Received / Refundable after adjustment of advance Rs.

Authorised Signatory



26355

## EMERGENCY ASSESSMENT

NAME MAS. BARKA T. 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

SpO<sub>2</sub> - 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 Alho 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 Axillary 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/S - 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







