
realme P1 5G


www.reliefindiatrust.org
realme P1 5G

Ref. No.: FRR/Vinayak/1006/2025-26

Dated:27.05.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Jai.
Sex: Male **Age:5** Years .
Father Name:Satender Singh.
Address:House Number 74 Kishan Vihar Sultanpuri C Block Delhi.
Diagnosis: Approx 35% Thermal Burn.
Date of Admission: 27/05/2025

Overall Analysis: The patient - Master Jai was brought in to our hospital by his father - Mr.Satender Singh on 27th May 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 Jai contacted with hot milk and burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 35% TBSA Thermal Burn Injury. The Burns is on abdomen, genital 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 5 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	**42,000.00**
Funds - Dressing & Procedures	**41,000.00**
Funds - Rehabilitation (Physiotheraphy)	**2,000.00**
Funds - Medicines + Consummables + Transfusions	**46,000.00**
Funds - Pathology & Diagnostics	**7,000.00**
Total (in numbers)	**180,000.00**
Total (in words):	**One Lakh Eighty 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	**10,000.00**
Total (in numbers)	**10,000.00**
Total (in words):	**Ten Thousand Only**
Fund Requirement - TOTAL	
Stage 1	**180,000.00**
Stage 2	**10,000.00**
Total (in numbers)	**190,000.00**
Total (in words)	**One Lakh Ninety Thousand Only**

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

VINAYAK HOSPITAL

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 अध्यक्ष

रिलिफ इंडिया ट्रस्ट

सी-68 सेक्शन साउथ एक्स पार्ट-2

नई दिल्ली - 49

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम सतेंदर है। मेरा निवास H.No-45 कृष्णा विहार, सुलतानपुरी, C ब्लॉक, पोस्ट सुलतानपुरी C ब्लॉक जिला :- उत्तर पश्चिमी दिल्ली में स्थित है। मेरा एक बेटा है जिसका नाम जय सिंह है। उसकी आयु 5 वर्ष है। मेरा बेटे घर में खेल रहा था, तभी अचानक गर्म दूध के पतीले के संपर्क में आने के कारण जल गया। जिसके कारण मैं उसे नोएडा के विनायक हॉस्पिटल लेकर गया और वहाँ पर उसके ईलाज के लिए एक लाख नब्बे हजार रूपये का खर्चा बताया गया है। जो कि मैं यह खर्चा उठाने में असमर्थ हूँ। अतः मेरा आपसे निवेदन यह है कि मेरे बेटे को सहायता प्रदान करें।

आपकी अतिकृपा होगी।

आपका प्रार्थी

सतेंदर।

Date :- 24/May/2025

बेटे का नाम :- जय सिंह

उम्र :- 5 वर्ष

पता :- H.No - 45 कृष्णा विहार, सुलतानपुरी C ब्लॉक

सतेंदर

VINAYAK HOSPITAL

MLC - 15629

35655

OPD INITIAL ASSESSMENT

NAME MASTER JAISINGH AGE / SEX 5Y / M DATE 27/05/2025 UHID

Personal History
Alcohol / Smoking / Tobacco
Chewing / other
Allergy
Past History
Diabetes / HT / IHD / TB
Other
Menstrual History
Current Medication

Vaccination Status

Inital Assessment & Examination
Pulse Rate - 120
B P
Resp Rate
Temp -
Ht / Wt -
SpO₂ 98.9
Investigations 15 Kg

RBS - 122

OB

Chief Complaints

MASTER JAISINGH 5Y/male brought by his Parents with: Hot MILK BURN

Pain Score

Child accidently fell into hot milk Pot while Playing at Home on dated 23/05/2025 at 1 day

Initial treatment taken, mesday clinic then

Treatment

bought to Vinayak Hospital for further treatment

Deep scalds burn 30 to 35%

Inj. Pan 225mg IV / SOS

Inj. Monocef 750mg IV / 12 Hrs

Syp. Ibuprofen 5ml / 12 hrs

NS / PLR 250mg / hrs IV

Admit under Dr. Ashok Kumar

Dietary Advice & Preventive Care

Follow up

VINAYAK HOSPITAL NOIDA NH-1, SEC-27

VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. UHrd. P250287

Room No 203 Catagory

Date of Admission 27.05.2025

Name MASTER JAI SINGH

S/o, D/o, W/o SATENDER

Occupation

Age 5Yrs Sex HINDU

Religion

Father's / Husband's Name

Address H NO 74 KISHAN VIHAR SULTANPURI C-Block P.O. North West Delhi

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accopanying relative

Phone : Office

R.M.O. DR ASIF Informed at

Admitting Dr. ASHOK VERMA Informed at

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 agreé 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

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