





Ref. No.: FRR/Vinayak/1009/2025-26

Dated: 02.07.2025

**PROFORMA INVOICE / FUND REQUISITION REPORT:**

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Baby Radha.

**Sex:** Female **Age:** 3 Years .

**Father Name:** Ompal.

**Address:** Karkaura Sambhal (U.P).

**Diagnosis:** Approx 30% Thermal Burn.

**Date of Admission:** 02/07/2025

**Overall Analysis:** The patient - Baby Radha - was brought in to our hospital by her father - Mr.Ompal on 2nd July 2025. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot water while she was at home. Her mother was making food for her family, suddenly Baby Radha contact with hot 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 hand area, abdomen area and leg areas. 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 3 Weeks of treatment.

Funds - Hospital Stay	43,000.00
Funds - RMO, Nursing, Consultants & Specialists	46,000.00
Funds - Dressing & Procedures	39,000.00
Funds - Rehabilitation (Physiotherapy)	1,000.00
Funds - Medicines + Consumables + Transfusions	41,000.00
Funds - Pathology & Diagnostics	5,000.00
<b>Total (in numbers)</b>	<b>175,000.00</b>
<b>Total (in words):</b>	<b>One Lakh Seventy Five Thousand Only</b>

**Fund Requirement - Follow Up**

Please find below the detailed fund requirement for Follow Up period of 1.5 Month Post Discharge.

<b>Funds - Follow Up Visits &amp; Dressings</b>		<b>5,000.00</b>
	<b>Total (in numbers)</b>	<b>5,000.00</b>
	<b>Total (in words):</b>	<b>Five Thousand Only</b>
<b>Fund Requirement - TOTAL</b>		
	<b>Stage 1</b>	<b>175,000.00</b>
	<b>Stage 2</b>	<b>5,000.00</b>
	<b>Total (in numbers)</b>	<b>180,000.00</b>
	<b>Total (in words)</b>	<b>One Lakh Eighty Thousand Only</b>

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Baby Radha.



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 वेसमेंट ब्लाक एक्स फाट-2

नई दिल्ली-49

विषय:- आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सावित्र्य निवेदन यह है कि मेरा नाम औसपाल है

मेरा निवास आत्मज: नरधू, 70 कुरकौरा, कुरकौरा, संमल

उत्तर प्रदेश में स्थित है। मेरी एक बेटी है।

जिसका नाम राधा है। उसकी आयु 3 साल है। मेरी

बेटी घर में खेल रही थी, तभी अचानक गर्म

पानी के पतले के संपर्क में आने के कारण

जल गर्म है। जिसके कारण मैं उसे तौला के

विनाशक हॉस्पिटल लेकर गया और वहाँ पर उसके

ईलाज के लिए एक लाख अस्सी हजार रुपये

का खर्चा बताया गया है। जो कि मैं यह खर्चा

उठाने में असमर्थ हूँ। अतः मेरा आपसे निवेदन

यह है कि मेरी बेटी को सहायता प्रदान करें।

Date:- 02/July/2025

बेटी का नाम :- राधा

उस :- 3 साल

पता :- आत्मज: नरधू, 70 कुरकौरा,

कुरकौरा, संमल उत्तर प्रदेश

आपकी अतिकृपा होगी।

आपका प्रार्थी

औसपाल।

औसपाल

T-RAJAN

MLCNO - 3852 UHID: - P2502099



VINAYAK HOSPITAL

A Unit of Chauthary Nursing Home Pvt Ltd

VH No. VH2500439

Room No. 205 Category

Date of Admission 2/07/25



Name BABY RADHA

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

Occupation

Age 3YRS. Sex F

Religion HINDU

Father's / Husband's Name

Address 70 KARKAURA

SAMBHAL U.P

Phone : Office Res.

Advance Receipt No. Date 2/07/25

For Rs.

Name & Address of accopanying relative

Phone : Office Res.

R.M.O. Dr. S.K. BEHERA Informed at 11:47AM

Admitting Dr. ASHOK KUMAR VERMA Informed at 11:47AM

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 DRASHOK 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



26938

EMERGENCY ASSESSMENT

NAME Pranav Ratra AGE / SEX F/3 DATE 2.7.25 UHID 2099

- Personal History
- Alcohol / Smoking / Tobacco
- Chewing / other
- Allergy
- Past History
- Diabetes / HT / IHD / TB
- OTHER
- Menstrual History
- Current Medication
- Vaccination Status

Chief Complaints

Brought by father 11:30 AM.  
 H/O boiling potato water was on the floor, she child fell in the boiling water all time bec 5-Hours ago at 9:30 AM.  
 On pal -

On examination

Treatment

child has sustained superficial burn on the knee above & below of the leg.  
 Superficial burn Lt hand - tender pinkish with finger  
 Total dead - 95-30%  
 Skin is peeling off

Initial Assessment & Examination  
 Pulse Rate - 136/hr  
 B P -  
 Resp Rate - 36/min  
 Temp - 98.6 F  
 Ht / Wt - 11 kg

Investigations  
 SpO2 97%  
 RBS 108 mg/dl

CVS P/A ECG  
 S.e good  
 child is in fully conscious  
 Chandrajyoti M.D.

205

Dietary Advise & Preventive Care

PTO

Admit to D.O  
 Dr. Nishu

*[Signature]*  
 Name & Sign Of Doctor

