



Ref. No.: FRR/Vinayak/1012/2025-26

Dated:19.07.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Adarsh.

Sex: Male **Age:** 1Year 7 Months .

Father Name:Dinesh Kumar.

Address:Village Chotpur Coloney FNG Road Sector 63 Noida (U.P.).

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 18/07/2025

Overall Analysis: The patient - Master Adarsh was brought in to our hospital by his father - Mr.Dinesh Kumar on 18th july 2025.The child has sustained thermal Burn Injury due to accidentally coming in contact with hot curry while he was playing at home.His mother was making curry for her family suddenly master Adarsh contacted with hot curry 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 chestarea, face area and back area . The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 1 Year 7 months, 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	52,000.00
Funds - RMO, Nursing, Consultants & Specialists	52,000.00
Funds - Dressing & Procedures	51,000.00
Funds - Rehabilitation (Physiotherapy)	2,000.00
Funds - Medicines + Consumables + Transfusions	51,000.00
Funds - Pathology & Diagnostics	7,000.00
Total (in numbers)	215,000.00
Total (in words):	Two Lakh Fifteen 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	215,000.00
Stage 2	3,000.00
Total (in numbers)	218,000.00
Total (in words)	Two Lakh Eighteen Thousand Only

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



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

रिलीफ इंडिया ट्रस्ट

सी-63 वेसमेंट साउथ एक्स पार्क-2

नई दिल्ली - 49

विषय:- आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सावित्र निवेदन यह है कि मेरा नाम दिनेश मेरा निवास चौतपुर कुलौती एफ एन जी रोड सेक्टर - 63 नोएडा, उत्तर प्रदेश में स्थित है। मेरा एक बेटा है जिसका नाम आदर्श है। उसकी आयु 1 वर्ष 3 महीना है। मेरा बेटा घर में खेल रहा था, तभी अचानक गर्म दाल के फनीले के संपर्क में आने के कारण जल गया। जिसके कारण मैं उसे नोएडा के विनायक हॉस्पिटल लेकर गया और वहाँ पर उसके इलाज के लिए दो लाख अठारह हजार 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।

Date:- 17/July/2025

आपकी आतिथ्या होगी।

आपका प्रार्थी

दिनेश कुमार।

बेटे का नाम:- आदर्श

उम्र:- 1 वर्ष 3 महीना

पता:- चौतपुर कुलौती

एफ एन जी रोड सेक्टर - 63

नोएडा, उत्तर प्रदेश

दिनेश कुमार



VINAYAK HOSPITAL

(A Unit of Chaudhary Nursing Home Pvt. Ltd.)



MLC NO: 3858

27023

EMERGENCY ASSESSMENT

NAME MR. ANANDH AGE / SEX 17M/M DATE 19/07/2025 UHID P-2507/8

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 - 146 bpm

B P - —

Resp Rate - 26 / min

Temp - 98.2 F

Ht / Wt - 7 kg

SPO₂ - 90% @ RA

Investigations

BS - 157 mg/dl

Chief Complaints

@ 12/28 A

child Brought to casualty 2 A/M/O

Burn ~~Today~~ yesterday 18/07/2025
approx 8:00 pm at home, while child was playing and mother was cooking food. A cooker bell of Hot Daal fell on child, resulting in sustained injuries:-

→ Thermal 2° Burns on! (TBSA ≈ 25-30%).

① Face; Left Ear, Neck, Chest, Upper Abdomen, Left shoulder and Scapular Region, Right shoulder.

D/E - Conscious, crying, Active.

No signs of inhalational injury at present

S/E - CVS - C.R. ④ R/S - B/L AE ④
CNS - Active, Alert RA - subtle BS ④

Rx - Admit Pt. to Dr. A.K. Verma

- IVF RL/DNS @ 52 ml/h (420 ml/24h).
for first 8 hours.

@ 26 ml/h for next 16 hours.

Name & Sign Of Doctor

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

Dietary Advise & Preventive Care

high water diet

Dr. SAURABH KUMAR PAH. D.O.

Reg. No. 102412

VINAYAK HOSPITAL, NOIDA

NH-1, Sector-27, Atta, Noida-201301

MONOCEF 350 mg IV 12-hourly (BS 2)
AMIKACIN 50 mg IV 12-hourly
PCM 100 mg IV 8-hourly

Website: www.vinayakhospitalnoida.com

T. RAJAN

MLCNO- 3858

UHD-P0502481


**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2500530/25-26

Room No. 203 Category

Date of Admission 19/07/25



Name MASTER ADARSH

Unit / Consultant DR. ASHOK KUMAR VERMA

S/o, D/o, W/o M.R., DENESH KUMAR

Occupation

Date of Discharge

Age 1.7 yrs Sex M

Provisional Diagnosis

Religion HINDU

Final Diagnosis

Father's / Husband's Name

Address VILL - CHOTPUR COLONY

FNGI ROAD SEC-63 NOIDA

Infectious nature of disease : Yes/No

Phone : Office Res.

Outcome : LAMA / Stable / Improved / Cured / Died

Advance Receipt No. Date

Death Record filled by Dr.

For Rs.

FOR DELIVERY CASE ONLY

Name & Address of accompanying relative

Date and Time of Delivery

Phone : Office Res.

New Born : Male / Female

R.M.O. Dr. SAURABH Informed at 12:54 AM

Birth record filled by Dr.

Admitting Dr. ASHOK KUMAR VERMA Informed at 12:54 AM

Patient shifted from Room No. to

Receptionist

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.

Signature of Patient / Relative

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

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

Authorised Signatory

