





Ref. No.: FRR/Vinayak/1014/2025-26

Dated: 31.07.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Rudr.

Sex: Male **Age:** 7 Years.

Father Name: Rahul Sharma.

Address: VIII. Morna Sector 37 Noida (U.P.).

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 30/07/2025

Overall Analysis: The patient - Master Rudr was brought in to our hospital by his father - Mr. Rahul Sharma on 30th July 2025. The child has sustained thermal Burn Injury due to accidentally coming in contact with fire while he was playing at home with gas burner and gas lighter, his shirt caught fire and he got 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 chest area, abdomen area and hand and thigh areas. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 7 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	52,000.00
Funds - RMO, Nursing, Consultants & Specialists	58,000.00
Funds - Dressing & Procedures	45,000.00
Funds - Rehabilitation (Physiotherapy)	2,000.00
Funds - Medicines + Consumables + Transfusions	55,000.00
Funds - Pathology & Diagnostics	5,000.00
Total (in numbers)	217,000.00
Total (in words):	Two Lakh Seventeen 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	217,000.00
Stage 2	3,000.00
Total (in numbers)	220,000.00
Total (in words)	Two Lakh Twenty Thousand Only

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



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 आहमद

रिजिस्ट्रार ऑफिस इस्ट

सी-63 वेगमेंट साउथ एवरा पार्क-2

नई दिल्ली - 49

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र।

श्रीमान श्रीमान निवेदन यह है कि मेरा नाम राहुल शर्मा है मेरा निवास मेरना रोड - 35 नोएडा, उत्तर प्रदेश में स्थित है। मेरा एक बेटा है। जिसका नाम रुद्र शर्मा है। उसका आयु 7 साल है। मेरा बेटा रसोई घर में खेल रहा था तभी अचानक कुपड़े में लकड़ा लगने के कारण जल गया। जिसके कारण मैं उसे नोएडा के विज्ञान हॉस्पिटल लेकर गया और वहाँ पर उसके इलाज के लिए दो लाख बीस हजार का खर्चा बताया है। जो कि मैं यह खर्चा उठाने में असमर्थ हूँ। अतः मैं आपसे निवेदन यह है कि मेरे बेटे को सहायता प्रदान करें।

Date:- 06/July/2025

बेटे का नाम:- रुद्र शर्मा

उम्र:- 7 साल

पता:- विलेज मेरना

रोड - 35 नोएडा,

उत्तर प्रदेश

आपकी आशुका होगी।

आपका प्रथी

राहुल शर्मा।

राहुल



**VINAYAK
HOSPITAL**



EMERGENCY ASSESSMENT

35655

NAME MASTER RUDE SHARMA AGE / SEX 7 / M DATE 30/7/2025 1130h UHID _____

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 - 126 bpm

B P - 100/60

Resp Rate - 20

Temp - 98.6

Ht / Wt - 5'6"

SpO₂ - 96%

Investigation

Chief Complaints

Above child Came to Casualty with a/H/O

Burn injury on 30.7.2025

at 11.15 AM. Child was playing

in the kitchen, accidentally caught fire in his shirt

Accident occurred at Home, Village of me, Sector 35

Noida. Injury at all over abdomen, neck, both

Treatment upper limb.

Patient admitted to Dr. AK. VERMA

(Dr. AK. VERMA) Child is stable

B/L AGE - clear

P/A soft B.S.

CNS, Consent, Oriented.

Inj R/L/MS. C 5 and 1m

Scal. in 16 hrs.

Dij. Amikacin 150 mg. IV. 12 hrs

Dij. Homocystine - IV 12 hrs

Dij. Latex Surg. IV. 24 hrs

Res. appt. of Dr. Verma

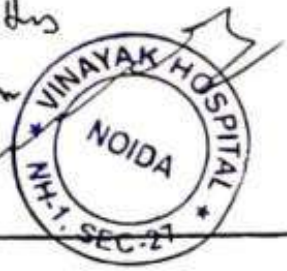
Dietary Advice & Preventive Care

Follow up

For Appointment Call 0120-4504400

NH-1, Sector-27, Atta, Noida-201301 / Helpline : 0120-2444222, 2444333 / Mobile : +91 9911286222 / Website : www.vinayakhospitalnoida.com

VH / FO / OPD INITIAL ASSESSMENT / 05/01/2020 / VERSION 2.0





**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

MLE No 286
V.H. No. 2502559
Room No. 202 Catagory
Date of Admission 30/07/2025 11:30 AM



Name <u>MASTER RUDR SHARMA</u>	Unit / Consultant
S/o, D/o <u>MR. RAHUL SHARMA</u>	Date of Discharge
Occupation	Provisional Diagnosis
Age <u>7 YRS</u> Sex <u>M</u>	Final Diagnosis
Religion <u>Vik. FIORNA SEC-35</u>	Infectious nature of disease : Yes/No
Father's / Husband's Name <u>NOIDA</u>	Outcome : LAMA / Stable / Improved / Cured / Died
Address	Death Record filled by Dr.
Phone : Office Res. <u>9899854759</u>	FOR DELIVERY CASE ONLY
Advance Receipt No. Date	Date and Time of Delivery
For Rs.	New Born : Male / Female
Name & Address of accoppanying relative	Birth record filled by Dr.
Phone : Office Res.	Patient shifted from Room No. to
R.M.O. Dr. <u>REENA</u> Informed at <u>11:30 AM</u>	Shifted from Room No. to
Admitting Dr. <u>ASHOK KUMAR VERMA</u> Informed at <u>11:30 AM</u>	On
<u>Chau</u> Receptionist	Shifted from Room No. to
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.	On
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.	Shifted from Room No. to
<u>ger</u> Signature of Patient / Relative	On

Discharge Date Time Bill No. / R.No. Dated.....
For Rs. Received / Refundable after adjustment of advance Rs.

Authorised Signatory

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

Tel. No. : 0120-4504400, 2444222, 2444333 / Website : www.vinayakhospitalnoida.com

