Ref. No.: FRR/Vinayak/1016/2025-26

Dated: 20.08.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Preeti.
Sex: Female **Age:** 13 Days .
Father Name: Amit Kumar
Address: Chaprola Ghaziabad (U.P).
Diagnosis: Approx 20% Thermal Burn.
Date of Admission: 20/08/2025

Overall Analysis: The patient - Baby Preeti was brought in to our hospital by her father - Mr. Amit Kumar on 20th August 2025.The child has sustained thermal Burn Injury due to accidentally coming in contact with hot milk while she was at home. Her mother was giving hot milk to her other child ,suddenly that milk fall onto Preeti and she got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 20% 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 13 days , 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	53,000.00
Funds - RMO, Nursing, Consultants & Specialists	46,000.00
Funds - Dressing & Procedures	69,000.00
Funds - Rehabilitation (Physiotheraphy)	1,000.00
Funds - Medicines + Consummables + Transfusions	46,000.00
Funds - Pathology & Diagnostics	5,000.00
Total (in numbers)	220,000.00
Total (in words):	Two Lakh Twenty 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	**5,000.00**
Total (in numbers)	**5,000.00**
Total (in words):	**Five Thousand Only**
Fund Requirement - TOTAL	
Stage 1	**220,000.00**
Stage 2	**5,000.00**
Total (in numbers)	**225,000.00**
Total (in words)	**Two Lakh Twenty Five Thousand Only**

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

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

समाज सहायता
रिलीफ इंडिया ट्रस्ट
सी- 63 वेरामेन्ट स्काउथ एक्सटा पार्ट - 2
नई दिल्ली - 49

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम अमित कुमार है। मेरा निवास हापरौला गाजियाबाद, उत्तर प्रदेश में स्थित है। मेरी एक बेटी है। जिसका नाम प्रीति है। उसकी आयु 15 दिन है। मेरी बेटी घर में सोई हुई थी। तभी अचानक किसी दूसरे बच्चे के हाथ से गर्म दूध की पतीली गिरने के कारण जल गई है। जिसके कारण मैं उसे नोएडा के विनायक हॉस्पिटल लेकर गया और वहाँ पर उसके ईलाज के लिए दो लाख पच्चीस हजार रुपये का खर्चा बताया गया है। जो कि मैं यह खर्चा उठाने में असमर्थ हूं। अतः मेरा आपसे निवेदन यह है कि मेरी बेटी की सहायता प्रदान करें।

आपकी अति कृपा होगी।

आपका प्रार्थी
अमित कुमार।

Date :- 20/August/2026
बेटी का नाम :- प्रीति
उम्र :- 15 दिन
पता :- हापरौला गाजियाबाद.
उत्तर प्रदेश।

अमित

VINAYAK HOSPITAL

27368

EMERGENCY ASSESSMENT

NAME BABY PATEL AGE / SEX 13 Days female DATE 30/8/25 UHID 250732

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

Vaccination Status

Inital Assessment & Examination
Pulse Rate - 148/m
B P - NA
Resp Rate - 48/m
Temp - 98.2°F
Ht / Wt - 4kg
RBS - 148mg/dL
Investigations
↓
CBC
OSF
Blood grap
LFT
KFT

Chief Complaints

Above neonate came to casualty with scald burn injury on
L> Both Buttocks
genital
Both thigh
Half ankles {Both} ≈ TBSA 20%

Treatment

A/H/O scald burn given by her mother that her 1 yr old sister accidentally spilled hot milk over her at home 7am

O/C - Baby is crying, in pain, with

Advised ↓ surgery. Dr. A.K Verma (Informed)

Rx

9N/. MONOCEF 100mg IV 12hrly (AST)
9N/. PCM 60mg IV BHRly
9N/. RANTAC 10mg IV 2hrly
9VF 160 ml IV → 80mL in 8hrs
→ 80mL in 16hrs

Rx as per advice

Rajan

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

Dietary Advise & Preventive Care Counselled.

Name & Sign Of Doctor

Dr. ...JAIN
...D
Reg. ...GMC-...

T-RAJAN MLCNO- 3871 UHID- P2503192

VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2500732

Room No. ICU Catagory

Date of Admission 20/8/25

Name BABY PREETI

S/o, D/o, W/o MR. AMIT KUMAR GOND

Occupation

Age 13 DAYS Sex F

Religion HINDU

Father's / Husband's Name

Address CHHAPRAULA GHAZIABAD UP

Phone : Office Res.

Advance Receipt No. Date 20/8/25

For Rs.

Name & Address of accopanying relative

Phone : Office Res.

R.M.O. Dr. REENA Informed at 3:30PM

Admitting Dr. ASHOK KUMAR VERMA Informed at 3:30PM

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.

Mukesh

Signature of Patient / Relative

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. EMR to ICU

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