





Ref. No.: FRR/Vinayak/1017/2025-26

Dated: 28.08.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Rishu.

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

Father Name: Dinesh Sahane

Address: Sector 51 Noida (U.P.).

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 28/08/2025

Overall Analysis: The patient - Master Rishu was brought in to our hospital by his father - Mr.Dinesh on 28th August 2025. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot rice water while he was playing at home, his mother making food for her family suddenly Master Rishu contacted with hot rice water due to this he 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 chest area, abdomen area, hand, leg, back and face area. 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 2 Weeks of treatment.

Funds - Hospital Stay	52,000.00
Funds - RMO, Nursing, Consultants & Specialists	58,000.00
Funds - Dressing & Procedures	55,000.00
Funds - Rehabilitation (Physiotherapy)	2,000.00
Funds - Medicines + Consumables + Transfusions	55,000.00
Funds - Pathology & Diagnostics	5,000.00
Total (in numbers)	227,000.00
Total (in words):	Two Lakh Twenty Seven 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	227,000.00
Stage 2	3,000.00
Total (in numbers)	230,000.00
Total (in words)	Two Lakh Thirty Thousand Only

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



For Vinayak Hospital
(A Division of Vinayak Hospital)
5th Floor, Vinayak Hospital, Sector 27, Atta Market,
NH - 1, Noida - 201301 (UP)

AO/AD

मेरा मे

भोगान अध्यापक

लैंगिक अंडित दूर

सी-63 वैराग्य सभ्य एवम् पाठ-2

नई दिल्ली-49

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र /
महोदय भवितव्य निवेदन यह है कि मेरा नाम दिनेश
सहनी है। मेरा निवास सेक्टर - 51 नोएडा, उत्तर प्रदेश
में स्थित है। मेरा एक बेटा है। जिसका नाम रिशू
कुमार है। उसकी उम्र 7 वर्ष है। मेरा बेटा घर
में खेल रहा था, तभी उसका हाथ उचले चावल
के पानी के संपर्क में आने के कारण जल
डागा। जिसके कारण मैं उसे नोएडा के चिन्ताशु
हॉस्पिटल लेकर गया और वहाँ पर उसके इलाज
के लिए दो लाख तीस हजार रुपये 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:- 28/08/2025

बेटे का नाम:- रिशू कुमार

उम्र:- 7 वर्ष

पता:- सेक्टर - 51

नोएडा, उत्तर प्रदेश

आपकी उत्तिकृपा होगी।

आपका प्रार्थी

दिनेश सहनी।

दिनेश



VINAYAK HOSPITAL



19795

EMERGENCY ASSESSMENT

NAME MASTER RISHU KUMAR AGE / SEX 7Y / Male DATE 28/8/25 UHID 2500757
P2503166

Chief Complaints

Personal History

Alcohol / Smoking / Tobacco
 Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication

Vaccination Status

Pt brought to Casualty 2 A/H/O burns to day
 28/8/25, approx 9 AM at home while child was
 playing and mother was cooking rice. While playing
 child accident and fell into the boiling rice water
 container resulting burns. brought by his mother for
 further management of burns.

Initial Assessment &

Examination

Pulse Rate - 130b

B P -

Resp Rate - 26 / m

Temp - 98.2 F

Ht / Wt -

Investigations

SpO2 96%

Hb 366 g/L

Ht 130 cm

Wt 25 kg

U/E: 2nd degree deep burn in v deep neck 1 B1 Sept

along left arm 1 B1 shoulder

Rt arm, abdomen.

TBSA ~ 25% to 30%.

Press. done Meg. Helix T Helix

1 VR RL/DMS @ 1 a. x 8 hrs

@ 50 ml. 1 L / for 16 hrs

Patient Admitted

Under DR Ashok Verma

Name & Signature

Admission
 Ashok Verma
 High Warden
 Dining

Dietary Advice &

Preventive Care

For Appointment Call 0120-4504400
 NH-1, Sector-27, Atta, Noida-201301 / Helpline : 0120-2444222, 2444333 / Mobile : +91 9911286222 / Website : www.vinayakhospitalnoida.com





**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2500757

Room No. 202 Category

Date of Admission 28/8/2025



Name MASTER RISHU KUMAR
S/o, D/o, W/o MR. DINESH SAHANE

Occupation

Age 7 YRS Sex MALE

Religion HINDU

Father's / Husband's Name SEC-51

Address NOIDA, UP

Phone : Office Res.

Advance Receipt No. Date 28/8/25

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. DR. SAURAB Informed at 12:30 PM

Admitting Dr. DR. ASHOK KUMAR VERMA Informed at 12:40 PM

Chashi
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 DR. ASHOK KUMAR

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



