

Ref. No.: FRR/Vinayak/1024/2025-26

Dated:19.12.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Shanvi. Sex: Female Age: 5 Years.

Father Name: Pramod Dass.

Address:Sector 115 Shurkha Noida (U.P.).

Diagnosis: Approx 50% Thermal Burn.

Date of Admission: 19/12/2025

Overall Analysis: The patient- Baby Shanvi was brought in to our hospital by her father - Mr. Pramod Dass on 19th December 2025. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot water while she was at home and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 50% TBSA Thermal Burn Injury. The Burns is on hand area, chest, back, hip 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 5 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.



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	42,000.00
Funds - Dressing & Procedures	49,000.00
Funds - Rehabilitation (Physiotheraphy)	8,000.00
Funds - Medicines + Consummables + Transfusions	51,000.00
Funds - Pathology & Diagnostics	15,000.00
Total	n numbers) 218,000.00
Total	n words): Two Lakh Eighteen Thousand Only

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



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

AO/AD

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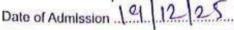
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युगाय



28481	EMERGENCY ASSESSMENT
NAME SANVI	KUMARI AGE/SEX F S. DATE 9 DECISOHID
Personal History Alcohol / Smoking / Tobacco Chewing / other Allergy Past History	Chlef Complaints 945 AM, Pain Score
Diabetes / HT / IHD / TB Other Menstrual History Current Medication	child was playing and was and and
Vaccination Status	Taken to Gove Hosts where
Inital Assessment & Examination Pulse Rate 40 ol B P - Resp Rate -26 fail Temp -98 F Ht / Wt -	Treatment first acid was given and On exam - Zx land q beven. (a) By Itmak where we seed. (b) kow this pur hours things in button 1 h.
Investigations BRO295./ RBS177 WY	(d) Ly)-upoper medial Ly arm axille. Aark - Ballooks both - 7.5 - Lubo Accurearca 10.1.
Dietary Advise &	LC- Jubales 50 1: 20
Preventive Care	Adril in Noven Namere (Sign) of Roctor HERA CCMO MBBS DMC Reg. No. 48048
Follow up	VINAYAK HOSPITAL NOIDA







A Unit of Chaudhary Nursing Home Pvt. Ltd. Date of Adm	Ission . [2] [12] 2.
Name BABY SHANVI S/O, D/O, W/O MR. PRAMOD DASS	Unit / Consultant D.R A.K. VERMA
Occupation	Date of Discharge
Age 5 7 Sex F	Provisional Diagnosis
Father's / Husband's Name MR - PRAMOD DASS Address SEC-IIS SHURKHA NOIDA UP Phone: Office Res Advance Receipt No. Date 19 12 25	Final Diagnosis
For Rs	FOR DELIVERY CASE ONLY Date and Time of Delivery New Born : Male / Female
Phone: Office Res. R.M.O. Dr. S. K. BEHERA Informed at 10:0965 Admitting Dr. A.K. VERMA Informed at 10:0965 Receptionist	Patient 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. 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	On to to

