
realme P1 5G

Ref. No.: FRR/Vinayak/1025/2025-26

Dated: 26.12.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Tanisha .
Sex: Female **Age:** 7 Years 8 months.
Father Name: Tushar Mandal.
Address: House number 235 Sarfabad Village Noida (U.P.).
Diagnosis: Approx 40% Thermal Burn.
Date of Admission: 26/12/2025

Overall Analysis: The patient - Baby Tanisha was brought in to our hospital by her father - Mr.Tushar Madal on 26th December 2025. The child has sustained Thermal Burn Injury due to accidentally coming in contact with lamp fire while she was at home. She was lamp burning at home, suddenly Baby Tanisha contact with fire from that lamp fire and she got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 40% TBSA Thermal Burn Injury. The Burns is on hand area,abdomen area, thighs and leg 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 year , 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	**52,000.00**
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 (in numbers)	**228,000.00**
Total (in words):	**Two Lakh Twenty Eight 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	**2,000.00**
Total (in numbers)	**2,000.00**
Total (in words):	**Two Thousand Only**
Fund Requirement - TOTAL	
Stage 1	**228,000.00**
Stage 2	**2,000.00**
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 Baby Tanisha.

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
श्रीमान सहायक
रिलिफ इंडिया ट्रस्ट
सी - 69 वैशाली साउथ एक्स पार्ट - 2
नई दिल्ली - 49

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम तुषार मंडल है। मेरा निवास आरफा बाद, नोएडा, गौतम बुद्ध नगर, उत्तर प्रदेश में स्थित है। मेरी एक बेटी है। जिसका नाम तनिषा है। उसकी आयु 7 साल है। मेरी बेटी घर में दिया जला रही थी तभी अचानक दीये से कपड़े में आग लगने की वजह से जल गई है। जिसके कारण मैं उसे नोएडा के विनायक हॉस्पिटल लेकर गया और वहाँ पर उसके ईलाज के लिए दो लाख तीस हजार रूपये का खर्चा बताया गया है। जो कि मैं यह खर्चा उठाने में असमर्थ हूँ। अतः मेरा आपसे निवेदन यह है कि मेरी बेटी को सहायता प्रदान करें।

आपकी अतिकृपा होगी।

आपका प्रार्थी
तुषार मंडल।

Date :- 26/12/25

बेटी का नाम :- तनिषा

उम्र :- 7 साल

पता :- आरफा बाद, नोएडा गौतम बुद्ध नगर, उत्तर प्रदेश

तुषार

VINAYAK HOSPITAL

MLC - 3899 done in vinayak hospital

28479

EMERGENCY ASSESSMENT

NAME TANISHA MANDAL AGE / SEX 7/F DATE 26-12-25 UHID P150564O

12:34 PM

Personal History
Alcohol / Smoking / Tobacco Chewing / other

Allergy

Past History
← all negative →
Diabetes / HT / IHD / TB
Other

Menstrual History

Current Medication

Vaccination Status

Inital Assessment & Examination

Pulse Rate - 144/m
B P - 110/80 mmhg
Resp Rate - 26/-
Temp - 98.6°F
Ht / Wt - 23kg.
RBS - 131 mg/dL

Investigations
↓
As advised

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

Dietary Advise & Preventive Care High Protein diet

Follow up

Chief Complaints

Above child came to casualty with c/o- burn injury over half abdomen, left and right thigh anterior and lateral, left and right upper arm.

Pain Score ✓

A/H/O Burn injury happened on 22 sept 2025 at home in Navratri season while lighting a diya she caught fire in her clothes and burnt herself leading to 35-40% TBSA burn.

Treatment

O/E - Baby looks stable, in pain, the wound looks infectious.

S/C - S_1, S_2 (+)
B/L A/E (-) clear
P/A - soft
CNS - NAD

Admit ↓ Dr. A.K. Verma

℞
1. INJ. AMIKACIN 170 mg IV 12hrly
2. INJ. MONOCEF 600 mg IV 12hrly (ASST)
3. INJ. RANTAC / PANTOP 40mg IV 24hrly
4. IVF RL @ 60ml/hr 24hrly
5. INJ. NEOMOL 170 mg IV 6hrly
6. REST AS PER ADVICE
7. INJ. EMESET 4mg IV (SOS)

Name & Sign Of Doctor

Dr. REENA RAIN
MBBS RMO
Regd. No. UPMC-186763
VINAYAK HOSPITAL, NOIDA

MLC-3897

VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2501322

Room No 202 Catagory .....

Date of Admission 26.12.2025

NABH

Name BABY TANISHA

S/o, D/o, W/o MR TUSHAR MANDAL

Occupation .....

Age 7Y/8M Sex F

Religion HINDU

Father's / Husband's Name .....

Address H.No.235 SARFABAD Village NOIDA UP

Phone : Office ..... Res. .....

Advance Receipt No. ..... Date 26/12/25

For Rs. .....

Name & Address of accopanying relative .....

.....

.....

Phone : Office ..... Res. .....

R.M.O. Dr. REENA Informed at 1234

Admitting Dr. ASHOK KUMAR VERMA Informed at 1234

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 .....

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 Signato


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