





Ref. No.: FRR/Vinayak/10026/2024-25

Dated: 27.01.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Anuj.

Sex: Male **Age:** 5 Years.

Father Name: Sonu Kumar.

Address: Amarpur P.O. Dankaur G.B. Nagar Uttar Pradesh (U.P.).

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 27/01/2026

Overall Analysis: The patient - Master Anuj was brought in to our hospital by his father - Mr. Sonu Kumar on 27th January 2026. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot water while he was at home. His mother was warming water for her family, suddenly Master Anuj came in contact with hot water and 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 back area, legs area and genital area. 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.

Visuals:



Fund Requirement - During Hospital Stay

Please find below the detailed fund requirement for the first 3 Weeks of treatment.

Funds - Hospital Stay	56,000.00
Funds - RMO, Nursing, Consultants & Specialists	52,000.00
Funds - Dressing & Procedures	53,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consummables + Transfusions	47,000.00
Funds - Pathology & Diagnostics	8,000.00
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 Mater Anuj.

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

AO/AD

卷之三

११ अंत अंतिम

ପିଲାଟା ପିଲାଟା ଦେଖ

શી. 63 વૈસેન્ટ સ્ટોર્સ ઇવલ પાર્ટ-2

ଅଟ୍ଟି ଦିଲାଲୀ - ୮୭

विषय :- आपका यहां पता है तु धार्यना पत्र।

मेरा निवास अमरपुर दीक्षा धनबाद गोतम बुहु नगर ३००२ कृष्णगढ़ का था मेरा वेटा है/उसका नाम अनुष्ठान ३००३ अप्रृत वेलत के द्वारा गया था मेरा वेलत-खेलत अमानव एवं मेरे अपनी मेरी विनायन दीक्षा पत्र लेकर गया था मेरा वेला पत्ते गया था उसके लिए वीला लाख पत्ती उल्लास रूपी का रवची बताया गया था ये निवास का था मेरा वेला वाला रुद्रायता वृद्धि की/

दिनांक: २७/१/२०२६

२१/११/२०२६
३९ लंबे को लाभ,

381 34361

४८१

ଜାମପୁର ପାଇଁ ଧାନକାରୀ

गीतम् अष्ट उत्तर द्वितीय

આપણી ઝાંખા દેખી

Shivani Shivani

26



A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2501475

Room No. 205 Catagory

Date of Admission 27.1.2026



Name MASTER ANUJ
S/o, D/o, W/o SONU
Occupation
Age 57 Sex M
Religion HINDU
Father's / Husband's Name
Address AMARVIR P.O. DANKA NR
DIST. GAUTAM BUDDHA NAGAR
Phone : Office Res.
Advance Receipt No. Date
For Rs.

Unit / Consultant 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. to

On

Shifted from Room No. to

On

Shifted from Room No. to

On

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.

Mulena

Signature of Patient / Relative

Discharge Date Time Bill No. / R.No. Dated

For Rs. Received / Refundable after adjustment of advance Rs.

Authorised Signatory



MLC - done in GIMS Noida.

EMERGENCY ASSESSMENT

28559

NAMEMASTER..... A.N.V.I.

AGE / SEX ...54 M. DATE27/1/26..... UHIDP 25061
15:45 PM

Chief Complaints

Personal History

Alcohol / Smoking / Tobacco
Chewing / other

Allergy

Past History

Now
Diabetes / HT / IHD / TB

Other

Menstrual History

Current Medication

Vaccination Status

Initial Assessment & Examination

Pulse Rate - 141/m.

BP - 100/60 mmHg

Resp Rate - 14/m

Temp - 98.6°F

Ht / Wt -

Wt - 14kg.

Investigations

SpO₂ - 95%.
RBS 121

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

Dietary Advice & Normal Preventive Care diet
Protein Rich

Follow up

Above pt. came to casualty with his parent with c/o - scald burn over both his lower limb + genital + buttock on 27/1/26 at 8:00 AM home Anuppur, G.B. Nagar 3PM.



Treatment

O/E - Both lower limbs, genital, buttock ha been burned = 30% of TBSA, G.C. - II

S/E -
S₁, S₂ (I)
BL A/E (I) clear
PIA - soft
CNS - NAD

Admit & OT. A.K. Verma

Rx 9N. MONOLEF 300mg IV 12hrly [AST]
9N. AMIKACIN 100mg IV 12hrly
9N. RONICAL 40mg IV 12hrly
OT. 9VF RL 1200mL in 2hrs

SYP. FOURIS 6 5mL PO 24hr.

REST AS ADVISED

9N. T.T. → already given in GIMS
1amp. IM → NCD

9N. PCM 200mg IV every 6 hrs

Name & Sign Of Doctor
Dr. REENA JAIN
MBBS, RMO
Regd. No. UPMC-106733
VINAYAK HOSPITAL, NOIDA



