







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 + Consumables + Transfusions	47,000.00
Funds - Pathology & Diagnostics	8,000.00
<b>Total (In numbers)</b>	<b>220,000.00</b>
<b>Total (In words):</b>	<b>Two Lakh Twenty Thousand Only</b>

**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

सैलानी

श्री मान अहयज्ञ

रिलिफ फंडिंग ट्रस्ट

सी-63 वेस्टमिन्स साउथ स्ट्रैट पार्क - 2  
नई दिल्ली - 110014

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम सैलानी है  
मेरा निवास अमरपुर पोस्ट धनकोट गौतम बुद्ध नगर उत्तर प्रदेश  
में स्थित है मेरा एक बेटा है/उसका नाम अनुज है। उसका आयु 5 साल  
का है मेरा बेटा घर में खेलते-खेलते अचानक घर में खड़े गंध पानी  
के रूप में गिर गया जिसके कारण मेरा बेटा घायल गया है उसे  
मेरे विनायक दारुपल लेकर गया और वहाँ पर उसके इलाज  
के लिए दो लाख पच्चीस हजार रुपये का खर्चा लगाया गया है जो  
कि मैं यह खर्चा उठाने में असमर्थ हूँ अतः मेरा आपसे  
निवेदन यह है कि मेरा बेटा का सहायता प्रदान करें।

दिनांक: 27/11/2026

बेटे का नाम: अनुज

उम्र :- 5 वर्ष

पता :- अमरपुर पोस्ट धनकोट  
गौतम बुद्ध उत्तर प्रदेश

आपकी आतिश्रुति होगी।

आपका प्रार्थी

सैलानी





**VINAYAK  
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2501475  
Room No. 205 Catagory .....  
Date of Admission 27.1.2026



Name <u>MASTER ANUJ</u>	Unit / Consultant <u>ASHOK KUMAR VERMA</u>
S/o, D/o, W/o <u>SONU</u>	Date of Discharge .....
Occupation .....	Provisional Diagnosis .....
Age <u>57</u> Sex <u>M</u>	Final Diagnosis .....
Religion <u>HINDU</u>	Infectious nature of disease : Yes/No
Father's / Husband's Name .....	Outcome : LAMA / Stable / Improved / Cured / Died
Address <u>AMARRUR P.O. DANKUR</u>	Death Record filled by Dr. ....
<u>DIST. GAUTAM BUDDHANAGAR</u>	
Phone : Office ..... Res. ....	<b>FOR DELIVERY CASE ONLY</b>
Advance Receipt No. .... Date .....	Date and Time of Delivery .....
For Rs. ....	New Born : Male / Female .....
Name & Address of accompanying relative .....	Birth record filled by Dr. ....
Phone : Office ..... Res. ....	
R.M.O. Dr. <u>REENA</u> Informed at <u>3:45 PM</u>	Patient shifted from Room No. .... to .....
Admitting Dr. <u>ASHOK KUMAR VERMA</u> Informed at <u>3:45 PM</u>	On .....
<u>VERMA</u> Receptionist	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.

Mubeen  
Signature of Patient / Relative

Discharge Date ..... Time ..... Bill No. / R.No. .... Dated.....  
For Rs. .... Received / Refundable after adjustment of advance Rs. ....

Authorised Signatory



# VINAYAK HOSPITAL



MLC - done in GIMS  
Noida.

## EMERGENCY ASSESSMENT

NAME 28559 MASTER ANVI AGE / SEX 54 / M DATE 27/1/26 UHID P25061  
15:45 PM

### Personal History

Alcohol / Smoking / Tobacco

Chewing / other

### Allergy

Past History

Diabetes / HT / IHD / TB

Other

Menstrual History

Current Medication

Vaccination Status

### Initial Assessment & Examination

Pulse Rate - 141/min

BP - 100/60 mmHg

Resp Rate - 14/min

Temp - 98.6°F

Ht / Wt -

wt - 14 kg

Investigations

SpO<sub>2</sub> - 95%

RBS 121

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

Dietary Advise & Normal  
Preventive Care diet  
Protein Rich

Follow up

### Chief Complaints

Above pt. came to casualty with his parent  
with c/o - scald burn over  
both his lower limb +  
genitals + buttock on 27/1/26  
at 3 PM.

Pain Score



### Treatment

A/H/O - accidentally falling in hot water  
tub at home on 27/1/26 at 7 AM. at  
Anwarpur, GB Nagar

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

S/E - S<sub>1</sub>, S<sub>2</sub> ⊕  
B/L A/E ⊕ clear  
PIA - left  
LNS - NAD

Admit to Dr. A.K. Verma

Rx 9NJ. MONOCEF 300mg IV 12hrly  
9NJ. AMIKACIN 100mg IV 12hrly [AST]  
9NJ. PANTAL 40mg IV 2hrly  
9NF RL 1200ml in 2hrs  
SYP. FORTIS B 5ml P/O 2hrly  
REST AS ADVISED  
9NJ. T.T. → already given in GIMS  
1amp. IM Noida  
9NJ. PCM 200mg IV 6hrs

Name & Sign Of Doctor  
Dr. REENA JAIN  
FIBBS, RMO  
Regd. No. UPMC-106703  
VINAYAK HOSPITAL, NOIDA

Website : www.vinayakhospitalnoida.com  
VINAYAK HOSPITAL, NOIDA







