



VINAYAK HOSPITAL विनायक
BIO-MEDICAL WASTE SEPARATION CHART
GENERAL WASTE SEPARATION CHART

Ref. No.: FRR/Vinayak/10029/2025-26

Dated: 29.03.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Radhika.

Sex: Female **Age:** 3 Years .

Father Name: Sunil Kumar.

Address: Salarpur G.B. Nagar (U.P)

Diagnosis: Approx 25% Thermal Burn.

Date of Admission: 28/03/2026

Overall Analysis: The patient - Baby Radhika was brought in to our hospital by her father - Mr. Sunil Kumari on 28th March 2026. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot oil while she was at home. Her mother was making food for her family, suddenly Baby Radhika contacted with hot oil and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 25% TBSA Thermal Burn Injury. The Burns is on back area, hands area, neck, knees and chest areas. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 3 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	51,000.00
Funds - RMO, Nursing, Consultants & Specialists	62,000.00
Funds - Dressing & Procedures	63,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	67,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	262,000.00
Total (in words):	Two Lakh Sixty Two 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	262,000.00
	Stage 2	3,000.00
	Total (in numbers)	265,000.00
	Total (in words)	Two Lakh Sixty Five Thousand Only

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



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

AO/AD

श्रीता अ

श्रीमान अध्यापक
शैलिक इंद्रिया हूट
श्री-63 वेस्टमिन्ट साउथ एक्स पार्क-2
नई दिल्ली - 110019

विषय :- आर्थिक सहायता हेतु प्राप्ति पत्र।
अशोधक शक्तिनय निवेदन यह है मेरा नाम शुनील कुमार है
मेरा निवास सतारपुर गौतम बुद्ध नगर उत्तर प्रदेश में स्थित है
मेरी स्त्रिया लैली है उसका नाम शशिजा है उसकी आयु 3 वर्ष की है
मेरी लैली घर में रहने हुए गर्भवती के अक्षर गिर गई
बिस्कि के कारण मेरी लैली भल गई उसे मैं किनाफा हॉस्पिटल
लेकर गया और वहाँ पर उसके इलाज के लिए दो लाख रोकट हज़ार
रुपये का खर्च बतया गया है जो कि यह खर्च उठाने में
असमर्थ हूँ अतः मेरा आपसे निवेदन यह है कि मेरी लैली
का सहायता प्रदान करें।

दिनांक = 28/3/26

लैली का नाम = शशिजा

उम्र = 3 वर्ष

पता = सतारपुर गौतम बुद्ध
नगर उत्तर प्रदेश

आपकी आज्ञा कृपा है।

आपका प्राप्ति

शुनील कुमार



29153

EMERGENCY ASSESSMENT

NAME Baby RADHIKA AGE / SEX 3/F DATE 28-3-26 UHID P2507372

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 - 137/m

B P -

Resp Rate -

Temp - 98.6 F

Ht / Wt - 8.5 kg

SpO2 - 97%

Investigations

Chief Complaints

11:27 PM

Abuse child came to casualty with
head burn over face, both
upper limb, both knee,
neck, back

Pain Score



A/H/O Head burn happened at home around 10:30
AM when the mother was cooking with
hot oil in kadhai, when child accidentally
fell over pushed in kadhai and all oil
spilled over her body.

Treatment

O/E - facial burn, both upper limb, neck, back
both knee joint ~ 25% TBSA
1st superficial burn majorly, both eyes open

S/E - low, unaided,
S, S, @ B/L A/C @ clear HA - soft
Admit to Do. N.K. Verma

9M. MNDOLF 200 IV 1st only
9M. MINALIN 125 mg IV 24hrly
9M. @ 30 ml/hr
9M. PAIN 120mg IV every 6 hours
9M. RL 170ml bolus (fast)

Pediatric opinion

9M. NON-AC 8mg IV slowly
(slowly) Name & Sign

Dr. R. R. ActobAIN

IBBS, RMO

Regd. No. UPMC-106703

VINAYAK HOSPITAL, NOIDA

TRIAGE CODE
P1 RED
P2 YELLOW
P3 GREEN
P4 BLACK

Dietary Advise &
Preventive Care

↑ fluid
Normal
dr.

Follow up

MUC - 3927



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. VH 2501831

Room No. 204/1 Category

Date of Admission 28/03/2026



Name BABY RADHIKA

S/o, D/o, W/o SUNIL KUMAR

Occupation

Age 37 Sex F

Religion HINDU

Father's / Husband's Name MR. SUNIL KUMAR

Address SALARPUR, G.B. NAGAR
UP

Phone : Office Res.....

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

Phone : Office Res.....

R.M.O. Dr. DR. DEENA Informed at 11.27

Admitting Dr. ASHOKK VERMA Informed at 11.27

Chah
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.

Sunil Kumar
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 Signatory



VINAYAK HOSPITAL
विनायक अस्पताल