





Ref. No.: FRR/Vinayak/10004/2026-27

Dated: 17.05.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Annu.

Sex: Female **Age:** 2 Year .

Father Name: Sunil Kumar.

Address: Shlv Vatika Colony Dadri G.B. Nagar Uttar Pradesh.

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 16/05/2026

Overall Analysis: The patient - Baby Annu was brought in to our hospital by her father - Mr.Sunil Kumar on 16th May 2026. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot milk while she was at home. Her mother had kept boiling milk for her family, suddenly Baby Annu contacted with hot milk 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 face area, hand area and back area . The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 2 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 2 Weeks of treatment.

Funds - Hospital Stay	41,000.00
Funds - RMO, Nursing, Consultants & Specialists	42,000.00
Funds - Dressing & Procedures	53,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	62,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	217,000.00
Total (in words):	Two Lakh Seventeen 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	217,000.00
	Stage 2	3,000.00
	Total (in numbers)	220,000.00
	Total (in words)	Two Lakh Twenty Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Baby Annu :



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 अध्यक्ष

रिलिफ इंडिया ट्रस्ट

सी-63 बेसमेंट साउथ खस मार्ट-2

नई दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र

महोदय,

सुविचार निवेदन यह है, मेरा नाम सुनील कुमार है। मेरा निवास स्थान शिववाटिका कॉलोनी दादरी में स्थित है। मेरी एक बेटी है, जिसका नाम अन्नू है, जिसकी आयु 2 वर्ष की है। मेरी बेटी घर में खेल रही थी। अचानक खेलते-खेलते वह बर्तन में रखे गर्म दूध के ऊपर गिर पड़ी जिससे वह जल गयी। उसके इलाज के लिए मैं उसे नोरुजा के विनायक हॉस्पिटल लेकर गया और दिनांक 16-05-2026 को वहाँ पर भर्ती कराया। वहाँ पर उसके इलाज के लिए दो लाख बीस हजार रुपये का खर्च बताया गया जो कि मैं यह खर्च उठाने में असमर्थ हूँ। अतः आपसे निवेदन है मेरी बेटी के इलाज के लिए सहायता प्रदान करें।

दिनांक
16-05-2026

बेटी का नाम - अन्नू

उम्र - 2 वर्ष

पता - शिववाटिका कॉलोनी
दादरी (पूर्व भाग)

आपकी आति कृपा होगी।

आपका प्रार्थी

सुनील कुमार



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. VH 2600207

Room No. 202 Category 10PM

Date of Admission 16/05/2026



Name BABY ANNU
 S/o, D/o, W/o MR. SUNIL KUMAR
 Occupation
 Age 2YS Sex F
 Religion HINDU
 Father's / Husband's Name
 Address VIRESH, SHIV VATIKA COLONY
DADRI, NP-203207
 Phone : Office Res.
 Advance Receipt No. Date
 For Rs.
 Name & Address of accompanying relative
 Phone : Office Res.
 R.M.O. Dr. Mini Informed at 10AM
 Admitting Dr. ASHOK KUMAR VERMA Informed at 10:05AM

Mini
 Receptionist

Unit / Consultant DR. 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.

Hasion
 Signature of Patient / Relative

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

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

Authorised Signatory



OPD INITIAL ASSESSMENT

41353

NAME BABY ANNU AGE / SEX 2 YR DATE 16/05/2026

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 130

B P - 130/80

Resp Rate 20

Temp -

Ht / Wt - 75kg

SpO2 96%

Investigations

Further treatment
as per Dr. Volare

Dietary Advice &
Preventive Care

Follow up

Chief Complaints

Above child brought to Casualty
A/H/O BURN injuries due
to spillage of Hot Bird Milk,
accident happened at Home on 13/05/2026.
Primary treatment taken locally then brought to
Vinayak Hospital for further treatment of Burns injuries.

Pain Score

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NO PAIN	LITTLE PAIN	SLIGHT MORE PAIN	MORE PAIN	VERY MUCH PAIN	WORST PAIN

Pain at Burn area, poor oral intake.

Admit for further treatment

TBSA 25/1030

Under Dr. Ashok Kumar Verma

1. 10mg. Morphine 35mg. IV. 12 Hours
2. 2. 2mg. amikacin 10mg IV.. 2 times
3. 3. 2. 2 Pen 10ml. v. 8ml
4. 4. 2. 2 Jayeese 3.5ml. 60.
5. 5. 2. 2. 1.1.



