



Ref. No.: FRR/Vinayak/10005/2026-27

Dated: 01.06.2026

**PROFORMA INVOICE / FUND REQUISITION REPORT:**

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Baby Avishi.

**Sex:** Female **Age:** 4 Years .

**Father Name:** Ankit Panchal.

**Address:** Ganesh Chowk Mohalla Takaiv Saharanpur Uttar Pradesh.

**Diagnosis:** Approx 30% Thermal Burn.

**Date of Admission:** 31/05/2026

**Overall Analysis:** The patient - Baby Avishi was brought in to our hospital by her father - Mr. Ankit Panchal on 31st May 2026. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot water while she was at home. Her mother was boiling water for her family, suddenly baby Avishi 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 legs 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 4 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	45,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	69,000.00
Funds - Pathology & Diagnostics	15,000.00
<b>Total (In numbers)</b>	<b>216,000.00</b>
<b>Total (In words):</b>	<b>Two Lakh Sixteen Thousand Only</b>

**Fund Requirement - Follow Up**

Please find below the detailed fund requirement for Follow Up period of 1.5 Month Post Discharge.

<b>Funds - Follow Up Visits &amp; Dressings</b>		<b>4,000.00</b>
	<b>Total (in numbers)</b>	<b>4,000.00</b>
	<b>Total (in words):</b>	<b>Four Thousand Only</b>
<b>Fund Requirement - TOTAL</b>		
	<b>Stage 1</b>	<b>216,000.00</b>
	<b>Stage 2</b>	<b>4,000.00</b>
	<b>Total (in numbers)</b>	<b>220,000.00</b>
	<b>Total (in words)</b>	<b>Two Lakh Twenty Thousand Only</b>

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



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

AO/AD

सेवा 21

श्री राज अहवाल

रिबिक इंडिया ट्रस्ट

पी-63 लेसमेंट साउथ खबरन पार्क-2

नई दिल्ली-44

विवरण :-

आर्थिक सहायता हेतु प्रार्थना पत्र ।

अहिदय सविनय निवेदन यह है कि, मेरा नाम अंकित पांचवाल है  
मेरा निवास गाँव नौकरी मीठल्ला हामान खबरन सहरनपुर  
उत्तर प्रदेश स्थित है। मेरी धर्म ली है इसका नाम अवित्री पांचवाल है  
उसकी आयु पचास की है। मेरी ली घर में खूब डूब गई पानी के  
द्वारा गिर गई जिसके कारण मेरी ली जब गर्भ देने में विनापक  
होसकत किंग गया वहाँ पर उसके इलाज के लिए दो बार  
होसकत रूप से का खर्च लगाया गया है कि पर खर्च  
उठाने में असमर्थ है। अतः आपसे निवेदन यह है कि मेरी  
ली का सहायता प्रदान करें ।

दिनांक = 31/08/26

ली का नाम = अवित्री पांचवाल

उम्र = 4 वर्ष

पता = सहरनपुर उत्तर प्रदेश

आपकी आदि कृपा हेतु

आपका प्रार्थी

अंकित पांचवाल



A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. P2506763

Room No. 202 Catagory .....

Date of Admission 31-05-2026 6/40h



Name BABY A VISHI

S/o, D/o, W/o SONAM RANI

Occupation .....

Age 4Y Sex Female

Religion HINDU

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

Address GANESH CHOWK

MAHALA TAKNI, SAHARANPUR  
UP

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

Advance Receipt No. .... Date .....

For Rs. ....

Name & Address of accopanying relative .....

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

R.M.O. Dr. Reema Informed at 6:40h

Admitting Dr. ASHOK VERMA Informed at 6:50h

Receptionist Chauhan

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.

Sonam  
Signature of Patient / Relative

Unit / Consultant DR ASHOK KUMAR

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



OPD INITIAL ASSESSMENT

41354

NAME BABY AVISHI AGE / SEX 4 / F DATE 31-05-2026 UHID P2506762

Personal History

Alcohol / Smoking / Tobacco Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

Other

Menstrual History

Current Medication

Vaccination Status

Initial Assessment & Examination

Examination

Pulse Rate - 118/m

B P -

Resp Rate -

Temp - 21/m

Ht / Wt -

SpO2 98%

Investigations 99%

Chief Complaints

A bone baby brought to Casualty by her mother with A/H/O Deep burn due to hot water while taking bath at home on 27.05.2026 at home. Initial treatment taken locally. Then brought to Vinayak Hospital for further management of burn injury. Burn place severity and location TBSA - 25-30%.

Pain Score



Treatment

1. Dry Moxey 350g. IV. 12 hourly
  2. Dry. Amlexy 1mg. IV 2hrly
  3. Dry Pen 1ml. IV. 8hrly / a.
  4. Dry. Inj. epi 3.00 BID
  5. Dry. IT:
- Drugs due & strictly to know.

Admit under DR. Ashok Kumar Veng

Dietary Advice & Preventive Care

Follow up



