







Ref. No.: FRR/Vinayak/10017/2026-27

Dated:05.10.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Shivansh.

Sex: Male **Age:**1.5 Years.

Father Name:Sachin .

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

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 05/10/2026

Overall Analysis: The patient - Master Shivansh was brought in to our hospital by his father - Mr.Sachin on 5th Oct 2026.The child has sustained thermal Burn Injury due to accidentally coming in contact with hot milk while he was playing at home.His mother was boiling milk for her family suddenly master Shivansh contacted with hot milk and 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 and hips areas. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 1.5 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	52,000.00
Funds - RMO, Nursing, Consultants & Specialists	55,000.00
Funds - Dressing & Procedures	47,000.00
Funds - Rehabilitation (Physiotherapy)	2,000.00
Funds - Medicines + Consumables + Transfusions	57,000.00
Funds - Pathology & Diagnostics	8,000.00
Total (in numbers)	221,000.00
Total (in words):	Two Lakh Twenty One 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	4,000.00
Total (in numbers)	4,000.00
Total (in words):	Four Thousand Only
Fund Requirement - TOTAL	
Stage 1	221,000.00
Stage 2	4,000.00
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 Master Shivansh :



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

AO/AD

स्त्रिका ३.

श्री मज्ज अहय
रिलिक इडिया दूह
सी. 63 बेसमेंट हाउस एक्सपर्ट-२
नई दिल्ली - ५९

विषय :-

आपकी स्थापना हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम सचिन
वशिष्ठ है मेरा निवास सलारपुर खादर भीरुडा उत्तर-प्रदेश
मेस्थित है मेरा एक बेटा है उसका नाम शिवांश है उसकी
आयु १ साल ६ महीना का है मेरा बेटा घर में रखे हुए
गर्भ हुआ उसके उपर फिर गोपा जिसके कारण मेरा
बेटा जल गया उसे मैं विनायक हॉस्पिटल लेकर गया
वहाँ पर उसके इलाज के लिए दो लाख पच्चीस हजार
रुपये का खर्चा बिताया गया जो कि यह खर्च उठाने
में असमर्थ हूँ अतः आपसे निवेदन यह है कि मेरा
बेटा का स्थापना प्रदान करें।

दिनांक = 5/10/26

बेटा का नाम = शिवांश

उम्र = १ साल ६ महीना

पता = सलारपुर खादर भीरुडा
उत्तर प्रदेश

आपकी आज्ञा कृपा होगी

आपका प्रार्थी

सचिन वशिष्ठ

Taran

MCC - 3990

UHID - P2603995


**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. VH2601119Room No. 203 CatagoryDate of Admission 05/10/2026Name MASTER SHIVANSHS/o, ~~Die~~ MR. SACHIN BASIST

Occupation

Age 014.06M Sex MALEReligion HINDUFather's / Husband's Name MR. SACHIN BASISTAddress DADRI ROAD, GALARPURKHADAR, NOIDA, U.P.

Phone : Office Res.

Advance Receipt No. Date 05/10/26

For Rs.

Name & Address of accopanying relative

Phone : Office Res.

R.M.O. Dr. HARI Informed at 3:01 PMAdmitting Dr. ASHOK KUMAR Informed at 3:01 PMVERMA

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.

Signature of Patient / Relative
Unit / Consultant DR. ASHOK KUMARVERMA

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

MLC No - 6990

32142

EMERGENCY ASSESSMENT

NAME Mrs. Shivansh AGE / SEX 1.64y / m DATE 05/10/26 UHID P2603995

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 - 120/min

B P -

Resp Rate - 32/min

Temp - 98.2°K

Ht / Wt - 94kg

Investigations

RBS - 113 mg/dl

Chief Complaints

8E A man brought to casualty at 03:01 PM with A/H/O - Deep scald burn TBSA = 25-30% on 04/10/26 = 03:30 PM at home - Bulandpur state - vill. Khanpur south Delhi = 62

Treatment

LIE - burn area over back & BU - Buttocks Admissions to Dr. Ash Verma

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

Dietary Advise & Preventive Care

Soft diet

Follow up

Int - MONOCLER 225 mg IV. 12 H
Int - AMIKACIN 65 mg IV 12 H
Int - PCM 10 ml IV - 801
Int - PANDOL 2.5 ml - 12 L
Int - TUBIGERIN 2.5 ml - 8 H
Int - LIZ - 2.5 ml - 8 H
Int - 450 ml over 8 H
Int - 450 ml over 16 H

Name & Sign Of Doctor

Website : www.vinayakhospitalnoida.com

CASUALTY MEDICAL OFFICER
VINAYAK HOSPITAL, NOIDA

