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**Ref. No.: FRR/Vinayak/10019/2026-27**

**Dated:** 01.11.2026

## PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

| |
|---|
| **Patient Name**:Arpita. |
| **Sex:** Female **Age:** 8 Years |
| **Father Name**:Bharat Singh. |
| **Address:**House number 24 ,Kh No. 60/13 Jalvihar Phase -3 Bhopura West Delhi -110043. |
| **Diagnosis:** Approx 35% Thermal Burn. |
| **Date of Admission:** 31/10/2026 |

**Overall Analysis:** The patient - Arpita was brought in to our hospital by her father - Mr.Bharat Singh on 31st October 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 making food for her family, suddenly Arpita contacted with hot water and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 35% TBSA Thermal Burn Injury. The Burns is on side abdomen 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 8 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:**



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**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 | 41,000.00 |
| Funds - Rehabilitation (Physiotheraphy) | 4,000.00 |
| Funds - Medicines + Consummables + Transfusions | 49,000.00 |
| Funds - Pathology & Diagnostics | 10,000.00 |
| Total (in numbers) | 187,000.00 |
| Total (in words): | One Lakh Eighty Seven 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** | **187,000.00** |
| **Stage 2** | **3,000.00** |
| **Total (in numbers)** | **190,000.00** |
| **Total (in words)** | **One Lakh Ninety Thousand Only** |

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

VINAYAK HOSPITAL

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

AO/AD

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सेवा में,

श्री मान अध्यक्ष
एलिफेंट इंडिया ट्रस्ट
बी-63 बेसमेन्ट साउथ एक्सटेंशन पार्ट-2
नई दिल्ली - 49

विषय : आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम भारत सिंह है। मेरा निवास मकान नं: 60/13 जय विहार कापसेरा दिल्ली-43 मे स्थित है मेरी एक बेटी है उसका नाम अर्पिता है उसकी आयु 8 वर्ष की है मेरी बेटी घर मे रखे हुए गर्म पानी उसके अन्दर गिर गई जिसके कारण। मेरी बेटी जल गई उसे मै विनायक हॉस्पिटल लेकर गया वहा पर उसके इलाज के लिए 1 लाख नब्बे हजार रुपये का खर्चा बताया गया जी कि यह खर्चा उठाने मे असमर्थ हूँ अत: आपसे निवेदन यह है कि मेरी बेटी का सहायता प्रदान करे।

दिनांक = 31/10/26
बेटी का नाम = अर्पिता
उम्र = 8 वर्ष
पता = जय विहार दिल्ली-43

आपकी अति कृपा होगी
आपका प्रार्थी
भारत सिंह

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VINAYAK HOSPITAL

NABH

# OPD INITIAL ASSESSMENT

41374

NAME BABY ARPITA AGE / SEX 8Y/F DATE 31-10-2026 UHID

**Chief Complaints**

Baby arpita Brought to Emergency A/H/o. Hot Water Burn at home on 25.10.2026, 7Am Initial treatment taken locally, then brought to Vinayak Hospital for further treatment of Burn Injuries.

T.B.A 30% to 35%.

Pain Score

**Personal History**
Alcohol / Smoking / Tobacco
Chewing / other

**Allergy**

**Past History**

**Diabetes / HT / IHD / TB**

**Other**

**Menstrual History**

**Current Medication**

**Vaccination Status**

**Inital Assessment & Examination**

Pulse Rate - 10 min
B P - NA
Resp Rate - 8 min
Temp - 98.4°F
Ht / Wt - 7 cm / 18 kg
$SpO_2$ Sup 99%
Investigations RB - 107

**Treatment**

Rx - 1. Inj. T.T. 0.5 ml IV.
2. Inj. Monocef 450 mg. IV. 12 Hrs
3. Inj. Amikacin 135 mg IV. 12 Hrs
4. Inj Rantac 1/2 ml. IV 12 Hrs
5. Pec 25 ml. IV. SOS.
6. Syp. Ibuseric 8 ml. 8 Hrs
7. Lug. 0 ml. bed Tm.

Dresj dom. Patient admitted and shifted to Ram.

CBC
Lept
Kgh

Apprepl
Antony
dones

**Dietary Advice & Preventive Care**

VINAYAK HOSPITAL NOIDA NH-1, Sec-27

**Follow up**

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# VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. .....

Room No. 203 Catagory .....

Date of Admission 31-10-2026 11Am

Name ARPITA

S/o (D/o) W/o BHARAT SINGH

Occupation .....

Age 8 Sex Female

Religion HINDU

Father's / Husband's Name BHARAT SINGH

Address H.No.24, KH NO 60/13
JAVIHAR - PHASE-3, BAPROLA
West Delhi - 110043

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

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

For Rs. .....

Name & Address of accopanying relative .....

.....

.....

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

R.M.O. Dr. HARI ..... Informed at 11Am

Admitting Dr. Ashok Kumar ..... Informed at 11.05Am

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 .....

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

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