



Ref. No.: FRR/Vinayak/10056/2024-25

Dated: 07.01.2025

**PROFORMA INVOICE / FUND REQUISITION REPORT:**

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Master Arman.

**Sex:** Male **Age:** 3 Years .

**Father Name:** Maksud.

**Address:** Village. Barula Uttar Pradesh (U.P.).

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

**Date of Admission:** 06/01/2025

**Overall Analysis:** The patient - Master Arman was brought in to our hospital by his father - Mr.Maksud on 06th January 2025. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot water while he was at home, suddenly master Arman 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 back area, legs area and genital area. 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	46,000.00
Funds - RMO, Nursing, Consultants & Specialists	52,000.00
Funds - Dressing & Procedures	58,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	47,000.00
Funds - Pathology & Diagnostics	8,000.00
<b>Total (In numbers)</b>	<b>215,000.00</b>
<b>Total (In words):</b>	<b>Two Lakh Fifteen 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>5,000.00</b>
	<b>Total (in numbers)</b>	<b>5,000.00</b>
	<b>Total (in words):</b>	<b>Five Thousand Only</b>
<b>Fund Requirement - TOTAL</b>		
	<b>Stage 1</b>	<b>215,000.00</b>
	<b>Stage 2</b>	<b>5,000.00</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 Mater Arman .



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

AO/AD

शैला मे

श्रीमन् अध्यक्ष

मिशन हील

सी-63 बेशेमन्ट शाउच स्कूल पार्ट-2

नई-दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र

महोदय

श्विनय निवेदन यह है कि मेरा नाम मकशूद है, मेरा निवास बशेला गाँव नोएडा है। मेरे बेटे का नाम अरमान है वह 3 वर्ष का है वह घर में श्वेल रहा था पाश्चमैटी गरम पानी श्वा था अचानक वह गिर गया फिर बलदा श्वेल गया बच्चे के इलाज के लिए नोएडा के विनायक हॉस्पिटल लेकर आथ दिनांक 6-1-25 को यहाँ पर भर्ती कराया वहाँ पर उसके इलाज के लिए 2 लाख 20 हजार रुपये का खर्चा बताया गया जो कि मैं यह खर्चा उठाने में असमर्थ हूँ अतः आप श्वे निवेदन है कि मेरे बच्चे के इलाज के लिए सहायता प्रदान करें।

दिनांक  
6-1-25

बेटे का नाम- अरमान

उम्र - 3 वर्ष

पता - गाँव बशेला, नोएडा

आपकी अतिकृपा होगी

आपका प्रार्थी

मकशूद



**VINAYAK  
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 1766/24-25  
 Room No. 203 Category .....  
 Date of Admission 06/1/25



Name MASTER ARMAN  
 S/o, ~~Da. No~~ MR. MAKSUD  
 Occupation .....  
 Age 3y Sex Male  
 Religion Muslim.  
 Father's / Husband's Name MAKSUD, Village. BARUA  
 Address NOIDA.  
 Phone : Office ..... Res. ....  
 Advance Receipt No. .... Date 06/1/2025  
 For Rs. ....  
 Name & Address of accompanying relative .....  
 Phone : Office ..... Res. ....  
 R.M.O. Dr. SK. BEHERA informed at 1.45 PM  
 Admitting Dr. ASHOK KUMAR VERMA informed at 1.45 PM  
Arav  
 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 .....  
 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.

Arav  
 Signature of Patient / Relative

Discharge Date ..... Time ..... Bill No. / R.No. .... Dated.....  
 For Rs. .... Received / Refundable after adjustment of advance Rs. ....

Authorised Signatory



19795

EMERGENCY ASSESSMENT

NAME MASTER ARMAN AGE / SEX 31 Male DATE 06/1/2025 UHID

Personal History
Alcohol / Smoking / Tobacco
Chewing / other
Allergy
Past History
Diabetes / HT / IHD / TB
OTHER
Menstrual History
Current Medication

Chief Complaints

Master Arman brought to Casualty by his father, for Management of Brain Injury on 20/12/2024 at Home, while taking bath. Brain injury occurred by fall. Patient managed locally doctors initially, then brought to Vinayak Hospital for further

Vaccination Status

Initial Assessment & Examination

Pulse Rate - 128
B P -
Resp Rate - 26/1a
Temp -
Ht / Wt - 98.20f 136lb

Treatment

Managed - Dress done and patient shifted to Brain ward, Dr. Ashok Kumar Verma. Impend. Rx

Investigations

Stu2 97
RBS 96mg

- 1. Dip. FT.
2. Syst. Drugene plus sent.
3. R. 150ml. for then / return.
4. Dip. Moray 500mg IV 2hrs
5. Dip. Arday 15mg. IV 12hrs

High blood
Down

Dietary Advise & Preventive Care

Name & Sign Of Doctor
VINAYAK HOSPITAL
NOIDA
NABH, SEC-27

