



Ref. No.: FRR/Vinayak/10061/2024-25

Dated: 05.03.2025

**PROFORMA INVOICE / FUND REQUISITION REPORT:**

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Master Alfaiz.

**Sex:** Male **Age:** 6 Years .

**Father Name:** Kadir.

**Address:** D 633 Jaitpur Extension Part -2 Badarpur Delhl.

**Diagnosis:** Approx 35% Thermal Burn.

**Date of Admission:** 04/03/2025

**Overall Analysis:** The patient - Master Alfaiz was brought in to our hospital by his father - Mr.Kadir on 4th March 2025.The child has sustained thermal Burn Injury due to accidentally coming in contact with fire while he was outside at home. Some kids was playing with garbage and lit it with fire, suddenly Master Alfaiz contacted with that fire 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 back area, legs area and genital areas. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 6 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	42,000.00
Funds - RMO, Nursing, Consultants & Specialists	42,000.00
Funds - Dressing & Procedures	41,000.00
Funds - Rehabilitation (Physiotherapy)	3,000.00
Funds - Medicines + Consumables + Transfusions	46,000.00
Funds - Pathology & Diagnostics	8,000.00
<b>Total (in numbers)</b>	<b>182,000.00</b>
<b>Total (in words):</b>	<b>One Lakh Eighty Two 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>3,000.00</b>
	<b>Total (in numbers)</b>	<b>3,000.00</b>
	<b>Total (in words):</b>	<b>Three Thousand Only</b>
<b>Fund Requirement - TOTAL</b>		
	<b>Stage 1</b>	<b>182,000.00</b>
	<b>Stage 2</b>	<b>3,000.00</b>
	<b>Total (in numbers)</b>	<b>185,000.00</b>
	<b>Total (in words)</b>	<b>One Lakh Eighty Five Thousand Only</b>

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Mater Alfaiz .:



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

AO/AD



सेवा मे

श्रीमान अहमद

मिशन टोल

सी-63 वेस्टमन्ट साउथ रजिस्ट्रार पार्क - 2

नई दिल्ली-49

विषय - अर्थिक सहायता हेतु प्रार्थना पत्र

शविनाथ निवेदन यह है, मेरा नाम मोहम्मद कादिर है  
मेरा निवाहन स्थान जेतपुर, दक्षिण दिल्ली है मेरे  
बेटे का नाम अल्फैज है, वह 6 साल का है वह घर  
के बाहर कूड़ा रखा था बच्चा वहाँ खेलने के लिए  
कूड़े में आग लगा दी और वहाँ आग उसके कपड़े में आग  
पकड़ ली जिसकी वजह से वह जल गया बच्चे के  
इलाज के लिए मेने एडा के बिनाथक हॉस्पिटल  
लेकर आया और दिनांक 4-3-25 के थर्ड पर  
मर्ती कराया वहाँ पर बच्चे के इलाज के लिए 1 लाख  
85 हजार रुपये का खर्चा बताया गया जो कि मैं  
यह खर्च उठाने में असमर्थ हूँ अतः आपसे निवेदन  
है मेरे बेटे के इलाज के लिए सहायता प्रदान  
करे

दिनांक

4-3-25

आपकी अतिकृपा होगी  
आपका प्रार्थी  
मोहम्मद कादिर

T-RAJAN

MLC NO- 3811

UHID-20244



# VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. .... 2091/24-25 .....

Room No. .... 201 ..... Catagory .....

Date of Admission .... 04/03/25 .....



Name ..... MASTER ALFAIZ .....

S/o, D/o, W/o ..... MOHD. KADIR .....

Occupation .....

Age ..... 6Y ..... Sex ..... M .....

Religion ..... MUSLIM .....

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

Address ..... D-633 JAIPUR EXTN  
PART-2 BADARPUR .....

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

Advance Receipt No. .... Date 04/03/25 .....

For Rs. ....

Name & Address of accopying relative .....

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

R.M.O. Dr. REKHA ..... Informed at 15:16PM

Admitting Dr. ASHOK KUMAR VERMA ..... Informed at 15:16PM

Aarav  
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 filed by Dr. ....

### FOR DELIVERY CASE ONLY

Date and Time of Delivery .....

New Born : Male / Female .....

Birth record filed 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.

MOHD Kadir  
Signature of Patient / Relative

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

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

Authorised Signatory





25818

## EMERGENCY ASSESSMENT

MLE-110-3811

ME MASTER ALFAIZ AGE / SEX 06yrs 0m / M DATE 01/3/2025 UHID 202411

Personal History  
Alcohol / Smoking / Tobacco  
Allergy / other  
Past History  
Hypertension / HT / IHD / TB  
Diabetes  
Past Medical History  
Current Medication  
Vaccination Status

### Chief Complaints

13:16 hrs

The above child is a case of  
Deep thermal burn

Total Body Surface area  
involved - 35%

Areas affected are  
B/L thighs medial aspect  
with genitalia

Date of burn - 24/01/2025

Physical Assessment &  
Vital Signs  
Heart Rate - 160/min  
Respiratory Rate - 20/min  
Temp - 98.6°F  
Wt - 16.5kg  
SpO2 - 96%

### Treatment

Child was being treated in  
Safdarjung hospital burn OPD with  
dressing, antibiotic and physiotherapy

On Exam - child isafebrile  
vitals as noted

Investigations  
CBC  
viral marker  
- left  
- urine  
- c/sf  
High protein diet  
Advise & preventive care

Admit  
Dr AK Verma

Local areas thigh & genitalia region  
is oozing clear fluid. no purpura  
Chest / RAD

Rx A/S dressing done

- SyP Ibuprofen } ITSF strip  
- SyP Acyclovir }

- O/S injectables to be given as per order  
of consultant.

Round 201  
P1 ORANGE  
P2 YELLOW  
P3 GREEN

Name & Sign Of Doctor  
Dr. AK Verma

