





Ref. No.: FRR/Vinayak/10063/2024-25

Dated: 31.03.2025

**PROFORMA INVOICE / FUND REQUISITION REPORT:**

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Baby Anabiya.

**Sex:** Female **Age:** 1 Year .

**Father Name:** Saddam.

**Address:**Jewar Village Gautam Buddh Nagar (U.P).

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

**Date of Admission:** 30/03/2025

**Overall Analysis:** The patient - Baby Anabiya - was brought in to our hospital by her father - Mr.Saddam on 30th March 2025.The child has sustained thermal Burn Injury due to accidentally coming in contact with hot tea while she was at home. Her mother was making tea for her family, suddenly baby Anabiya contacted with hot tea 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 face area,legs area and hand 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 year , 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	45,000.00
Funds - RMO, Nursing, Consultants & Specialists	52,000.00
Funds - Dressing & Procedures	38,000.00
Funds - Rehabilitation (Physiotherapy)	1,000.00
Funds - Medicines + Consumables + Transfusions	44,000.00
Funds - Pathology & Diagnostics	5,000.00
<b>Total (in numbers)</b>	<b>185,000.00</b>
<b>Total (in words):</b>	<b>One Lakh Eighty Five 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>185,000.00</b>
	<b>Stage 2</b>	<b>5,000.00</b>
	<b>Total (in numbers)</b>	<b>190,000.00</b>
	<b>Total (in words)</b>	<b>One Lakh Ninety Thousand Only</b>

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



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

AO/AD

सेवा में

श्रीमन् उद्योग  
मिशन टील

श्री- 63 बेसेमन्ट स्टाड्य शकन  
नई दिल्ली - 49

महोदय

अविनय निवेदन यह है मेरा नाम शरदाम है  
मेरा निवास स्थान लेबर उत्तर प्रदेश में स्थित  
है मेरी शक बेटा है, जिसका नाम अनन्या है  
जिसकी आयु 1 वर्ष की है मेरी बेटा हर में खेल  
श्री श्री चाय के सम्पर्क में आकर लाल गायी  
उसके इलाज के लिए मैं उसे मोएडा के विनायक  
डॉ. स्पीटल लेकर गया और दिनांक 30-3-25  
को वहाँ पर भर्ती कराया वहाँ पर उसके  
इलाज के लिए 10 लाख 90 हजार रूपये का  
खर्च बताया गया जो कि मैं यह खर्च  
उठाने में असमर्थ हूँ अतः आपसे निवेदन  
है मेरी बेटा के इलाज के लिए शरामता  
प्रदान करें ।

दिनांक

30-3-25

अपकी अतिवृत्ता होगी  
आपका फार्थी  
शरदाम



# VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt Ltd.

MLC No. 3817  
 VII No. 2172/24, 25  
 Room No. 202 Category  
 Date of Admission 30/3/25



Name BABY ANABIYA  
 S/o, D/o, W/o MR. SADDAM  
 Occupation  
 Age 1 YRS Sex F  
 Religion MULLIM  
 Father's / Husband's Name  
 Address JEWAR UP  
 Phone : Office Res  
 Advance Receipt No. Date  
 For Rs.  
 Name & Address of accompanying relative  
 Phone : Office Res  
 R.M.O. Dr. REKHA Informed at 12.30  
 Admitting Dr. ANIL KUMAR VERMA Informed at 12.45  
Chony  
 Receptionist

Unit / Consultant  
 Date of Discharge  
 Provisional Diagnosis  
 Final Diagnosis  
 Infectious nature of disease : Yes/No  
 Outcome : LAMA / Stable / Improved / Cured / Dies  
 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.

Sarada Kulkarni  
 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 BABY ANABIA AGE/SEX 17/F DATE 30/3/25 UHID 20581

Chief Complaints

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 - 137/m

B.P. -

Resp Rate - 29/m

Temp - 102. F

Ht / Wt -

07kg.  
SpO2 96%.

RBS. 7mm

- CBC

- KFT

- CXR

Uterus

highly distended.

Scald burn injury Sustained at home.  
- Accidentally fallen on hot tea pot at home.  
On dated 27/03/25, Primarily treated at  
locally. Then brought to Vinayak Hospital for  
further management of burn injuries.

Treatment

Admit under Areas Involved - face, 2nd hand  
DR. AK. VERMA. Rt. thigh (Approx 30%).  
Deep burn on hand..

Rx

- Dressing done and sent to the ward.
- treatment of child to be started as per  
advice of Consultant.
- 1. Antibiotics + IV. Flay.
- 2. Sy. 1 bugebic - 1 TSP 8 hourly
- 3. Broad feeding to continue.



30/3/25

