



Ref. No.: FRR/Vinayak/10064/2024-25

Dated:08 .04.2025

## PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Kavya. Sex: Female Age: 3 Years.

Father Name: Ram Kumar.

Address: Rasoolpur Bulandsharh (U.P).

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 07/04/2025

Overall Analysis: The patient - Baby Kavya was brought in to our hospital by her father - Mr.Ram Kumar on 07th 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 Kavya contacted with hot tea 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 chest area and hand 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 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.



Fund Requirement - During Hospital Stay

Please find below the detailed fund requirement for the first 3 Weeks of treatment.

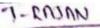
Total (in words):	One Lakh Seventy Thousand Only
Total (in numbers)	170,000.00
Funds - Pathology & Diagnostics	5,000.00
Funds - Medicines + Consummables + Transfusions	41,000.00
Funds - Rehabillitation (Physiotheraphy)	1,000.00
Funds - Dressing & Procedures	34,000.00
Funds - RMO, Nursing, Consultants & Specialists	46,000.00
Funds - Hospital Stay	43,000.00

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Fund Requirement - Follow Up	ļ
Please find below the detailed fund requirement for Follow Up period of 1.5	5 Month Post Discharge.
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Funds - Follow Up Visits & Dressings	5,000.00
Total (in numbers)	5,000.00
Total (in word	ds): Five Thousand Only
Fund Requirement - TOTAL	
Stage 1	170,000.00
Stage 2	5,000.00
Total (in numbers)	175,000.00
Total (in words)	One Lakh Seventy Five Thousand Only
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Kindly release the funds at the earliest for us to go ahead and execute the treatment for Baby Kavya.



For Vinayak Hospital (A Division of Vinayak Hospital) 5th Floor, Vinayak Hospital, Sector 27, Atta Market, NH - 1, Noida - 201301 (UP) 2रेगा में 18121 AM २मी- ६३ लेखेम न्य भाउचा श्वीरन गरे दिल्ली-49 विषय - अधिद शरायता हेतु प्राचीना पत्र मर् १६ भ अविनय निवेदन यह है मैरा नाम शामकमार है. मेरा निवारन स्थान ख्लिदशहर में रिश्वात है, मेरी यह जेरी हैं, जिस्मा माम काटपा है, उत्तयु उजव मेरे। मेरी जेरीराय में यंज रही भी पाय के जर्मन में खेंचर जमानी से जिल गयी उसके डलात के लिए में उन्ने नाएडा के विनामक हाइ पीटल लोकार गया और दिलाक 7/4/25 दो वहीं पर असी वरामा, वहीं पर उर्ने ड्लाप्त है लिए । लाश्व 75 हुतार क्ष्मिया श्वची बताभा ग्रामातो कि में घर श्राची अठान में अन्यमभे हैं अतः आपर्ने निवेदन है मेरी जेरी के देलाता के लिए अरामता प्रवान भाषची अतिसपारोगी HEIR LAPTIS गमन् मार्





VH No. VII2500043

Date of Admission D7104121



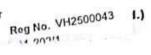
A Unit of Chaudhary Nursing Home Pvt. Ltd.

Name BABY KAVYA Unit Consultant DR. ASHOE KUMAR VERMA. SO DO WO MR. RAMKUMAR Occupation ..... Date of Discharge Ace .... Provisional Diagnosis Religion HINDU Father's / Husband's Name Final Diagnosis ASSTORS SUMIFUR KALAN RASOULTUR RTHAULI RASHOL BUCANDSHAHR UP Infectious nature of disease Outcome: LAMA / Stable / Improved / Cured / Died Advance Receipt No. ...... Date DH | 04 | 25 Death Record filled by Dr. For Rs FOR DELIVERY CASE ONLY Name & Address of accopanying relative ..... Date and Time of Delivery New Born : Male / Female ..... Birth record filled by Dr. RMO Dr S.K. BEHERA Informed at 14:11PM Admitting Dr. ASHOK, KUMAR, Informed at 14:11PM On ..... I hereby declare that I am getting admitted in this Hospital On ..... on my own will. The expenses have been explained to me and I agree to make all payments before discharge. Shifted from Room No. ..... to ...... I agree that I am keeping no valuable with me in the On ..... Hospital and no one will be responsible in the events of theft if any. ankomar Signature of Patient / Relative 

**Authorised Signatory** 

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







EMERGENCY ASSESSMENT
NA NA
Personal History  AGE / SEX 13 1/2 DATE 7 175 UHID
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P1 D RED Name & Sign Of Doctor
202 P2 DYELLOW OR THE TOWN CC. S.K. BEHERA
P3 C) GREEN VINAVA STORES
P4 For Appointment Call 0120-4504400  NH-1, Sector-27, Atta, Nolda-201301 / Helpline: 0120-2444222, 2444333 /Mobile: +91 9911286222 / Website: www.vinayakhospitalnolda.com
Website: www.vinayakhospitalnolda.com

Baby Kavya

