





Ref. No.: FRR/Vinayak/1003/2025-26

Dated: 24.04.2025

### PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Master Barkat.

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

**Father Name:** Hajjul Ansari.

**Address:** 540 Chhajarsl Sector 63 Noida(U.P.).

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

**Date of Admission:** 24/04/2025

**Overall Analysis:** The patient - Master Barkat was brought in to our hospital by his father - Mr. Hajjul Ansari on 24th April 2025. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot rice water while he was playing at home. His mother was making food for his family suddenly Master Barkat contacted with hot rice 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 and hands 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 2 Weeks of treatment.

|   |                                      |
|---|--------------------------------------|
| Funds - Hospital Stay                           | 52,000.00                            |
| Funds - RMO, Nursing, Consultants & Specialists | 48,000.00                            |
| Funds - Dressing & Procedures                   | 51,000.00                            |
| Funds - Rehabilitation (Physiotherapy)          | 5,000.00                             |
| Funds - Medicines + Consumables + Transfusions  | 46,000.00                            |
| Funds - Pathology & Diagnostics                 | 10,000.00                            |
| <b>Total (in numbers)</b>                       | <b>212,000.00</b>                    |
| <b>Total (in words):</b>                        | <b>Two Lakh Twelve 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>212,000.00</b>                     |
|   | <b>Stage 2</b>            | <b>3,000.00</b>                       |
|   | <b>Total (in numbers)</b> | <b>215,000.00</b>                     |
|   | <b>Total (in words)</b>   | <b>Two Lakh Fifteen Thousand Only</b> |

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



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

AO/AD



शेरा मे

मिशन हीन

श्री- 63 वेस्मेमन्ट शाउथ शकत  
नई दिल्ली - 49

विषय-आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय

शुभिनय निवेदन यह है, मेरा नाम मोहम्मद हैजुल  
आंशरी है मेरा निवास स्थान सेक्टर 63,  
नोएडा है मेरे बेटे का नाम शकत है। वह 3 वर्ष  
का है मेरा बेटा स्कूल के पानी सेवन गया  
लीन बलदा से उसके इलाज के लिए मैं नोएडा  
के वि॥यक डॉस्पीटल लेकर आया और दिनांक  
24-4-25 के रात पर शरीर कड़ा वहाँ पर  
बच्चे के इलाज के लिए शकत 15 हजार  
रुपये का खर्च बताया गया जो कि मैं यह  
खर्च उदान में असमर्थ हूँ अतः आपसे निवेदन  
है मेरे बेटे के इलाज के लिए सहायता प्रदान  
करें

दिनांक

24-4-25

आपकी अतिबहुपाहोशी

आपका प्रार्थी

मोहम्मद हैजुल आंशरी

T. RATAN

MLCNO-3833

UHID-P25006



A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2500131  
Room No. 203 Category  
Date of Admission 24/4/25



Name MASTER BARKAT  
S/o, D/o, W/o MOHD. HAJJUL ANSARI  
Occupation  
Age 34RS Sex M  
Religion MUSLIM  
Father's / Husband's Name  
Address 540 CHHAJARS I SEC  
- 63 NOIDA

Phone : Office Res.  
Advance Receipt No. Date 24/4/25

For Rs.  
Name & Address of accopying relative

Phone : Office Res.  
R.M.O. Dr. SAURABH PANDEY informed at 11:14AM  
Admitting Dr. ASHOK KUMAR VERMA informed at 11:14AM  
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.

HAJJUL  
Signature of Patient / Relative

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

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



26355

EMERGENCY ASSESSMENT

NAME MAS. BARKA J. AGE / SEX 3y/M DATE 24/4/25 UHID P-2500674  
@ 11:20 Am.

Personal History

Alcohol / Smoking / Tobacco  
Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History N/A

Current Medication

Vaccination Status

Initial Assessment & Examination

Pulse Rate - 136 bpm

B P -

Resp Rate - 36/min

Temp - 101 F

Ht / Wt - 10kg

SpO<sub>2</sub> - 98% CPA  
Investigations

|             |  |
|-------------|--|
| TRIAGE CODE |  |
| P1          | <input type="checkbox"/> RED               |
| P2          | <input checked="" type="checkbox"/> YELLOW |
| P3          | <input type="checkbox"/> GREEN             |
| P4          | <input type="checkbox"/> BLACK             |

MBBS. Reg. No. 108412  
VINAYAK HOSPITAL, NOIDA

Chief Complaints

Pt. Brought to casualty by parents  
Z Athlo Burn z Boiling Rice water,  
Yesterday 23/4/2025, approx 8:45 PM,  
when child was playing at home

C/O :- Pain at Burn site  
Dec oral intake  
Fever

Treatment

O/E - conscious, febrile, in pain,  
crying.

- Burn 2' on Left Arm, Forearm  
and hand  $\approx$  9%.

- Burn 2' on Left Axillary and  
flank.  $\approx$  5-6%.

- Burn 2' on Right Axilla  $\approx$  1%.

- Burn 2' on chest  $\approx$  10-13%.

TBSA : 25-29% -

S/E - CNS J-NAD P/A - SOB, BS

CNS J-NAD P/A - SOB, BS

Admit Pt to Dr. A.K. Verma

- IND. NEOMOL 15 ml IV stat / 8 hourly

- IND. PAN MONOCEF 250 mg IV 12 hourly (AST)

- IND. AMIKACIN 25 mg IV 12 hourly

- IND. PAN 10 mg IV 24 hourly

- IVF DNS/RL @ 40 ml/hr for 8 hours

Name & Sign Of Doctor

Dietary Advise & Preventive Care

High Protein Diet  
Rest as per Consultants

@ 20 ml/hr for next 16 hrs







