





Ref. No.: FRR/Vinayak/1007/2025-26

Dated: 02.06.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Ujjwal.

Sex: Male **Age:** 8 Years .

Father Name: Krishan Mandal.

Address: J Colony Sector 8 Noida (U.P.).

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 02/06/2025

Overall Analysis: The patient - Master Ujjwal was brought in to our hospital by his father - Mr. Krishan Mandal on 2nd June 2025. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot meat curry while he was playing at home. His mother was making meat curry for her family suddenly Master Ujjwal contacted with hot meat curry 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 abdomen, hand area and face area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 8 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	52,000.00
Funds - Dressing & Procedures	51,000.00
Funds - Rehabilitation (Physiotherapy)	2,000.00
Funds - Medicines + Consumables + Transfusions	54,000.00
Funds - Pathology & Diagnostics	7,000.00
Total (in numbers)	218,000.00
Total (in words):	Two Lakh Eighteen Thousand Only

Fund Requirement - Follow Up

Please find below the detailed fund requirement for Follow Up period of 1.5 Month Post Discharge.

Funds - Follow Up Visits & Dressings	2,000.00
Total (in numbers)	2,000.00
Total (in words):	Two Thousand Only
Fund Requirement - TOTAL	
Stage 1	218,000.00
Stage 2	2,000.00
Total (in numbers)	220,000.00
Total (in words)	Two Lakh Twenty Thousand Only

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



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

श्रीमान आदर

मिश्र हॉल

सी - 60 वेसमैन्ट साउथ एक्स पार्क - 2

नई दिल्ली - 49

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र ।

महोदय सावनय निवेदन यह है कि मेरा नाम कृष्ण मंडल है मेरा निवास जे - जे कॉलोनी , सेक्टर - 8, नोएडा उत्तर प्रदेश में स्थित है । मेरा एक बेटा है । जिसका नाम उज्जवल मंडल है । उसकी आयु 8 वर्ष है । मेरा बेटा घर में खेल रहा था , तभी अचानक गर्म मीट के पतिले के संपर्क में आने के कारण जल गया । जिसके कारण मैं उसी नोएडा के विनायक हॉस्पिटल लेकर गया और वहाँ पर उसके इलाज के लिए दो लाख बीस हजार रुपये का खर्चा बताया गया है । जो कि मैं यह खर्चा उठाने में असमर्थ हूँ । अतः मेरा आपसे निवेदन यह है कि मेरे बेटे को सहायता प्रदान करें ।

Date :- 02/June/2025

बेटे का नाम :- उज्जवल मंडल

उम्र :- 8 वर्ष

पता :- जे - जे कॉलोनी

सेक्टर - 8 नोएडा उत्तर प्रदेश

आपकी आतिथ्य होगी ।

आपका प्रार्थी

कृष्ण मंडल ।

कृष्ण मंडल



**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

VH No. 2500286/25-26
Room No. 202 Category _____
Date of Admission 02/06/2025 9 AM



Name MASTER UJJWAL MANDAL

S/o, D/o, W/o MR. KRISHAN MANDAL

Occupation _____

Age 8 Yrs Sex Male

Religion HINDU

Father's / Husband's Name _____

Address JJ. COLONY SECTOR-8
NOIDA - UP

Phone : Office _____ Res. _____

Advance Receipt No. _____ Date _____

For Rs. _____

Name & Address of accompanying relative _____

Phone : Office _____ Res. _____

R.M.O. Dr. SAURABH Informed at 9 AM

Admitting Dr. ASHOK KUMAR Informed at 9.10 AM

VERMA

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.

Signature of Patient / Relative

Type / Consultant _____

Date of Discharge _____

Final Discharge _____

Final Discharge _____

Intentional 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



19795

EMERGENCY ASSESSMENT

NAME MASTER UJJWAL MANDAL AGE / SEX 8y / Male DATE 02/06/2025 TIME 9 AM

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 - 62.6R

B P - —

Resp Rate - 22/min

Temp - 98.4F

Ht / Wt - 123cm / 23kg

Investigations

RBS - 147 mg/dL

Oral fluid intact

Hypotonic diet

Chief Complaints

Patient brought to Emergency by his mother -
AHO. Deep Seated burn. Boy accidentally fell down
boiling masala pot at home on 28/05/2025 at 10 PM.
Initial treatment taken locally. Then brought to hospital
for further management.

Treatment

OE - Conscious, oriented, Afebrile

TBA - 30 to 35% Deep burn.

Patient admitted under DR. ASHOK KUMAR VERMA
for further management.

Dressy done..

- 10% R/L e 1380ml in 8hrs

" 38.1 in Next 16hrs

- 20% Mannitol 750mg IV 12hrs

- 20% Amikacin 120mg IV 12hrs

20% Pantocid 20mg IV 8hrs

Sy. Levofloxacin 24hrs

Dietary Advice &
Preventive Care


Name & Sign Of Doctor
VINAYAK HOSPITAL
NABH
SEC-27



realme P15G