





Ref. No.: FRR/Vinayak/1009/2025-26

Dated: 02.07.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Radha.

Sex: Female **Age:** 3 Years .

Father Name: Ompal.

Address: Karkaura Sambhal (U.P).

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 02/07/2025

Overall Analysis: The patient - Baby Radha - was brought in to our hospital by her father - Mr.Ompal on 2nd July 2025.The child has sustained thermal Burn Injury due to accidentally coming in contact with hot water while she was at home. Her mother was making food for her family, suddenly Baby Radha contact with hot 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 hand area,abdomen area and leg areas. 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 3 Weeks of treatment.

Funds - Hospital Stay	43,000.00
Funds - RMO, Nursing, Consultants & Specialists	46,000.00
Funds - Dressing & Procedures	39,000.00
Funds - Rehabilitation (Physiotherapy)	1,000.00
Funds - Medicines + Consumables + Transfusions	41,000.00
Funds - Pathology & Diagnostics	5,000.00
Total (in numbers)	175,000.00
Total (in words):	One Lakh Seventy Five 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	5,000.00
Total (in numbers)	5,000.00
Total (in words):	Five Thousand Only
Fund Requirement - TOTAL	
Stage 1	175,000.00
Stage 2	5,000.00
Total (in numbers)	180,000.00
Total (in words)	One Lakh Eighty Thousand Only

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



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 आदरणीय

मिशन होल

सी - 68 वेस्टवैन्ट साउथ एक्स फार्ट - 2

नर्स दिल्ली - 49

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र /

सहोदय साविनय निवेदन यह है कि मेरा नाम ओमपाल है। मेरा निवास आसजः नन्धू, 70 कुरकौरा, कुरकौरा, संमल उत्तर प्रदेश में स्थित है। मेरी एक बेटी है जिसका नाम राधा है। उसकी आयु 3 साल है। मेरी बेटी घर में खेल रही थी, तभी अचानक गर्म पानी के फीले के संपर्क में आने के कारण जल गर्म है। जिसके कारण मैं उसे नौएडा के विनाथक हॉस्पिटल लेकर गया। और वहाँ पर उसके इलाज के लिए एक लाख अस्सी हजार रुपये का खर्चा बताया गया है। जो कि मैं यह खर्चा उठाने में असमर्थ हूँ। अतः मेरा आपसे निवेदन यह है कि मेरी बेटी को सहायता प्रदान करें।

Date:- 02/July/2025

बेटी का नाम :- राधा

उम्र :- 3 साल

पता :- आसजः नन्धू, 70 कुरकौरा,

कुरकौरा, संमल उत्तर प्रदेश

आपकी आभार होगी।

आपका प्रार्थी

ओमपाल /

ओमपाल

T-RAJAN

MLC No - 3852 UHID:- P2502099



VINAYAK
HOSPITAL

A Unit of Chauthary Nursing Home Pvt. Ltd

VH No. VH2500439

Room No. 205 Category

Date of Admission 2/07/25



Name BABY RADHA

S/o, D/o, W/o MR. OMPAL

Occupation

Age 3 YRS.

Sex F

Religion HINDU

Father's / Husband's Name

Address 70 KARKAURA

SAMBHAL U.P.

Phone : Office Res.

Advance Receipt No. Date 2/07/25

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. S.K. BEHERA Informed at 11:47AM

Admitting Dr. ASHOK KUMAR VERMA Informed at 11:47AM

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

Unit / Consultant DRASHOK 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



MLC - 3852



26938

EMERGENCY ASSESSMENT

NAME BOBAY RADELA

AGE / SEX 13

DATE 2.7.25

UHID 2099.

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 - 136b/min

BP. —

Resp Rate - 36/min

Temp - 98.6 F

Ht / Wt - 11 kg

Investigations

SP⁰2974

RBS-108myel. lystemic gan

Treatment

Child has sustained
superficial burn on the knee
above & below of the leg.

Hand - Super facial burn 0 LT
- lower position with finger
Total dead - 25 - 30%
Skin is peeled off

Segood
child is in fully conscious

CVS
P R
Fing

Chenzally NHO

Adul & D
R K Nigam

Name & Sign Of Doctor

205

Dietary Advise & Preventive Care

