



Ref. No.: FRR/Vinayak/1012/2025-26

Dated:19.07.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Adarsh.

Sex: Male **Age:** 1Year 7 Months .

Father Name:Dinesh Kumar.

Address:Village Chotpur Coloney FNG Road Sector 63 Noida (U.P.).

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 18/07/2025

Overall Analysis: The patient - Master Adarsh was brought in to our hospital by his father - Mr.Dinesh Kumar on 18th July 2025. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot curry while he was playing at home. His mother was making curry for her family suddenly master Adarsh contacted with hot curry and 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 chest area, face area and back area . 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 7 months, 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	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	51,000.00
Funds - Pathology & Diagnostics	7,000.00
Total (in numbers)	215,000.00
Total (in words):	Two Lakh Fifteen 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	3,000.00
Total (in numbers)	3,000.00
Total (in words):	Three Thousand Only
Fund Requirement - TOTAL	
Stage 1	215,000.00
Stage 2	3,000.00
Total (in numbers)	218,000.00
Total (in words)	Two Lakh Eighteen Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Mater Adarsh .



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 अद्वय

मिश्राल हिल

सी- 63 वेसमेंट साउथ एक्स पार्क - 2

नई दिल्ली - 49

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र ।
महोदय सविनय निवेदन यह है कि मेरा नाम दिनेश कुमार है ।
मेरा निवास चौतपुर कालोनी एफ एन जी रोड सेक्टर-63
नोएडा, उत्तर प्रदेश में स्थित है । मेरा एक बेटा है ।
जिसका नाम आदर्श है । उसकी आयु 1 वर्ष न महीना है ।
मेरा बेटा घर में खेल रहा था, तभी अचानक गर्म
दल के पत्तिले के संपर्क में आने के कारण जल
गया । जिसके कारण मैं उसे नोएडा के विनायक हॉस्पिटल
लेकर गया और वहाँ पर उसके इलाज के लिए
दो लाख अठारह हजार का खर्चा बेताया गया है ।
जो कि मैं यह खर्चा उठाने में असमर्थ हूँ । अतः
मेरा आपसे निवेदन यह है कि मेरे बेटे की
सहायता प्रदान करें ।

Date :- 19/July/2020

बेटे का नाम :- आदर्श

उम्र :- 1 वर्ष न महीना

पता :- चौतपुर कालोनी

एफ एन जी रोड सेक्टर-63

नोएडा, उत्तर प्रदेश

आपकी आभारता होगी ।

आपका प्रार्थी

दिनेश कुमार ।

दिनेश कुमार



VINAYAK HOSPITAL

(A Unit of Chaudhary Nursing Home Pvt. Ltd.)



MLC NO: 3858

27023

EMERGENCY ASSESSMENT

NAME MR. ANANDH AGE / SEX 17M/M DATE 19/07/2025 UHID P-2507/8

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 - 146 bpm

B P -

Resp Rate - 26/min

Temp - 98.2°F

Ht / Wt - 7kg

SPO₂ - 90% @ RA

Investigations

BS : 157 mg/dl

Chief Complaints

child Brought to casualty 2 A/M/O

Burn ~~today~~ yesterday 18/07/2025
approx 8:00 pm at home, while child was playing and mother was cooking food. A cooker full of hot Daal fell on child, resulting in sustained injuries:-

→ Thermal 2° Burns on! (TBSA ≈ 25-30%).

① Face; Left Ear, Neck, Chest, Upper Abdomen, Left shoulder and Scapular Region, Right shoulder.

D/E - Conscious, crying, Active.

No signs of inhalational injury at present

S/E - CVS - C.R. ④ R/S - B/L AE ④
CNS - Active, Alert RA - subtle BS ④

Rx - Admit Pt. to Dr. A.K. Verma

- IVF RL/DNS @ 52 ml/h (420 ml/24h).
for first 8 hours.

@ 26 ml/h for next 16 hours.

Name & Sign Of Doctor

Dietary Advise & Preventive Care

high water diet

DR. SAURABH KUMAR PAH. DR.

MBBS, Reg. No. 102412

VINAYAK HOSPITAL, NOIDA

NH-1, Sector-27, Atta, Noida-201301

MONOCEF 350 mg IV 12-hourly (BS 2)
AMIKACIN 50 mg IV 12-hourly
PCM 100 mg IV 8-hourly

Website: www.vinayakhospitalnoida.com

T. RAJAN

MLCNO- 3858

UHD-P0502481


**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2500530/25-26

Room No. 203 Catagory

Date of Admission 19/07/25



Name MASTER. ADARSH

S/o, D/o, W/o M.R., DENESH KUMAR

Occupation

Age 1.7 yrs Sex M

Religion HINDU

Father's / Husband's Name

Address VILL - CHOTPUR COLONY
FNGI ROAD SEC-63 NOIDA

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accopanying relative

Phone : Office Res.

R.M.O. Dr. SAURABH Informed at 12:54AM

Admitting Dr. ASHOK KUMAR VERMA Informed at 12:54AM

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 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

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

