





Ref. No.: FRR/Vinayak/1020/2025-26

Dated: 22.10.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Lakshita.

Sex: Female **Age:** 5 Years .

Father Name: Devender.

Address: Archana Enclave Khora Ghaziabad (U.P.).

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 21/10/2025

Overall Analysis: The patient - Baby Lakshita - was brought in to our hospital by her father - Mr. Devender on 21st October 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 Lakshita 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 genital area, back area and leg area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 5 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	46,000.00
Funds - RMO, Nursing, Consultants & Specialists	45,000.00
Funds - Dressing & Procedures	55,000.00
Funds - Rehabilitation (Physiotherapy)	8,000.00
Funds - Medicines + Consumables + Transfusions	48,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	217,000.00
Total (in words):	Two Lakh Seventeen 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	217,000.00
Stage 2	3,000.00
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 Baby Lakshita.



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

AO/AD

मेरा मैं
श्रीमान आदर्यक्ष

मिशन हिल

सी - 60 वैसमोंट साउथ एक्स पार्ट - 2

नर्स दिल्ली - 49

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र।
महोदय साविनय निवेदन यह है कि मेरा नाम देवेन्द्र सिंह है। मेरा निवास अर्चना एन्क्लेव खोरा, गाजियाबाद उत्तर प्रदेश में स्थित है। मेरी एक बेटी है। जिसका नाम लक्षिता है। उसकी आयु 5 वर्ष है। मेरी बेटी घर में खेल रही थी, तभी अचानक ठास पानी के पीले के संपर्क में आने के कारण जल ठाँ है। जिसके कारण मैं उसे नोएडा के विनायक हॉस्पिटल लेकर गया और वहाँ पर उसके इलाज के लिए दो लाख बीस हजार रुपये का खर्च बताया गया है। जो कि मैं यह खर्च उठाने में असमर्थ हूँ। अतः मेरा आपसे निवेदन यह है कि मेरी बेटी को सहायता प्रदान करें।

Date: 22/10/2025

बेटी का नाम :- लक्षिता

उम्र :- 5 वर्ष

पता :- अर्चना एन्क्लेव खोरा,
गाजियाबाद, उत्तर प्रदेश

आपकी आतिकृपा होगी

आपका प्रार्थी

देवेन्द्र सिंह।

देवेन्द्र



**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. VH2501097

Room No. 201 Catagory

Date of Admission 21/10/25



Name BABY. LAKSHITA

S/o, D/o, W/o MR. DEVENDER SINGH

Occupation

Age 5 y Sex f

Religion HINDU

Father's / Husband's Name MR. DEVENDER SINGH

Address ARCHANA ENCLAVE KHODA

GHAZIYABAD U.P.

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accopanying relative

Phone : Office Res.

R.M.O. Dr. SAURABH PANDEY Informed at

Admitting Dr. A.K. VERMA Informed at

Nidhi
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

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



VINAYAK HOSPITAL

BABY LAKSHITA
D/o MR. DEVENDER SINGH
UHID P2504647 IPD No. VH250
DOA 21/Oct/2025 18:52 201
DR. ASHOK KUMAR VERMA
GENERAL & LAP. SURGERY

MLC NO-388

27914

EMERGENCY ASSESSMENT

NAME BABY LAKSHITA AGE / SEX 5y / F DATE 21/10/2025 UHID P.2504647
@ 6:15 Pm

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 - 126 bpm

B P - N/A

Resp Rate - 26/min

Temp - 98.3°F

Ht / Wt - 104g / 101cm

SpO₂ - 97% @ RA

Investigations

RBS - 141 mg/dl

Chief Complaints

Pt - Brought to casualty by Father & A/n/o
Burn Today 21/10/25, approx 3:30 Pm
when child fell in bucket of
hot water playing at home.



O/E - Conscious, oriented, Aetbrile, in Pain,
mild Dehydration, No Pallor, Tachycardia,
Cynosis, clubbing, Etema.

SIE! CUS - S.S. ☒ P/A - S.O.B. ☒
Treatment Cns. conscious ☒ R/S - B/LA ☒
Oriented

4E! - 2° Partial Thickness, Thermal scald Burn
on:
• Lower half of back
• B/L Buttocks.
• Left thigh full circumference
• Right hip, medial aspect of thigh.
• Full Perineal area

Rf - Admit Pt. to Dr. A.K. Verma (Gen surgeon)
- IVF ALIONS @ 500ml in 8 hrs → 500ml in next 16 hours
- IV. CEFTRIAXONE 250mg IV 12 hourly (AST)
- IV. AMIKACIN 75mg IV 12 hourly
- IV. PCM 150mg IV 8 hourly
- IV. PANTHOSONE 10mg IV 12 hourly
- SYR. LCZ (0.25mg/ml) sml a bedtime.

Name & Sign Of Doctor

Dr. SAURABH KUMAR PANDEY
MBBS, Reg. No. 108412

Website: www.vinayakhospitalnoida.com
VH/EMERGENCY ASSESSMENT/2024

Triage Code	
P1	☐ RED
P2	☒ YELLOW
P3	☐ GREEN
P4	☐ BLACK

Dietary Advise & Preventive Care

High Protein diet
Total fluid intake
Follow up
Admitted.

