

Ref. No.: FRR/Vinayak/1021/2025-26

Dated:10.11.2025

## PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Prince .

Sex: Male Age:8 Years.

Father Name: Umesh Singh.

Address: Aadhar Post Nagla Jula Mainpuri Uttar Pradesh (U.P.).

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 08/11/2025

Overall Analysis: The patient - Master Prince was brought in to our hospital by his father - Mr. Umesh on 8th November 2025. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot water while he was playing at home, his mother warming water for her family suddenly Master Prince came in contact with hot water due to this he 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 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 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.



## Fund Requirement - During Hospital Stay

Please find below the detailed fund requirement for the first 2 Weeks of treatment.

Supplementary and the supplementary of the suppleme	Disco Martina
Funds - Hospital Stay	52,000.00
Funds - RMO, Nursing, Consultants & Specialists	48,000.00
Funds - Dressing & Procedures	45,000.00
Funds - Rehabillitation (Physiotheraphy)	5,000.00
Funds - Medicines + Consummables + Transfusions	45,000.00
Funds - Pathology & Diagnostics	5,000.00
Total (in numbers)	200,000.00
Total (in words):	Two Lakh Only

Fund Requirement - Follow Up	
Please find below the detailed fund requirement for Follow Up period of 1.5 Month P	ost Discharge.
Funds - Follow Up Visits & Dressings	15,000.00
Total (in numbers)	15,000.00
Total (in words):	Fifteen Thousand Only
Fund Requirement - TOTAL	
Stage 1	200,000.00
Stage 2	15,000.00
Total (in numbers)	215,000.00
Total (in words)	Two Lakh Fifteen Thousand Only
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Kindly release the funds at the earliest for us to go ahead and execute the treatment for Master Prince.



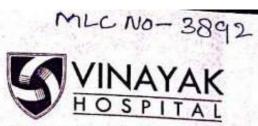
For Vinayak Hospital (A Division of Vinayak Hospital) 5th Floor, Vinayak Hospital, Sector 27, Atta Market, NH - 1, Noida - 201301 (UP)

AO/AD

सेवा में श्रीमान अहगरी मिठाव हील सी - 63 वेसमेक्ट साउध एवस पार्ट - 2 बॉर्ड हिल्ली - 49 विष्ण : उमधिक सहायमा हेतु प्राधना प्रा सहोदण स्मितन्य नित्यन यह है कि केल नाम उमेग सिह पाल है। मेन निवास अंडाहार पोस्ट - वठाला जुला, मैनपूरी मेन एड बेटा है। जिसका नाम प्रित्स पाल है। उसकी आयु 8 स्नाल हैं। मेरा बैटा घर में खेल रहा छा तमी अचान अर्म पानी छे पतीले छे संपर्क में आने छे कारण जल गणा है। जिसके कारण में उसे नोएडा के विनायक हंगरिपटल लेकर गणा और वहाँ पर उसने उलाज है लिए दी लाख पनद्रह हजार रपये का रवर्गा वताया अथा है । जो नि में यह रवर्गा उठाने में असमार्थ हैं। उनतः मेरा उनापसे निवेदन यह मेरे बेटे को सहायला प्रदान जरें। Date: 08/11/2025 बैटे का नाम: प्रिन्स पाल उस् :- 8 स्माल उनापना प्राधी पता :- अंडाहार . पीर-त - नाउला जुला, भैनपुरी, भैनपुरी उत्तर

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## Ul-11D-P2504979



A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2501169 Room No. 202 Catagory ..... Date of Admission . 811125



Name MASTER PRINCE PAL	Unit / Consultant PR. ASI-TOLY IXUMAR UCAM	
SIG-DIO, WIO MP. UMCSH SINGHA PAL		
Occupation	Date of Discharge	
Age 8 Y Sex M	Provisional Diagnosis	
Father's / Husband's Name MR. UMESH PAL Address ANDALAR POST NACHKLA	Final Diagnosis	
Phone : Office Res	Infectious nature of disease : Yes/No Outcome : LAMA / Stable / Improved / Cured / Died	
Advance Receipt No Date 811125	Death Record filled by Dr	
For Rs.		
Name & Address of accopanying relative	FOR DELIVERY CASE ONLY  Date and Time of Delivery	
R.M.O. Dr. S. K. BGHGRA Informed at 1:49A	Patient shifted from Room No. Em. D. to .40. 2	
Admitting Dr. ASHOR IXUMAR Informed at 1149 PM	1 On	
Reception (st		
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.	On	
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.  Umush Pal	On	
Signature of Patient / Relative	Alley Co. And Co.	
Discharge Date		





27627	EMERGENCY ASSESSMENT	Λ. Ο
	INCE Pal AGE/SED Male	8/11/225, 42504979
Personal History	Chief Complaints	, į
Alcohol / Smoking / Tobacco Chewing / other	186	A
Allersy	1 /11/2 11 5 - 1 .	Pain Store
Past History	A/H/O HoTwater	<u>මෙබෙබිබිබි</u>
Diabetes / HT / IHD / TB	1/11/1	
Other	Burn om bolt legs.	Peroit
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Follow up 5. Shale	n Sin	12/ 12/

