



Ref. No.: FRR/Vinayak/1025/2025-26

Dated: 26.12.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Tanisha .

Sex: Female **Age:** 7 Years 8 months.

Father Name: Tushar Mandal.

Address: House number 235 Sarfabad Village Noida (U.P.).

Diagnosis: Approx 40% Thermal Burn.

Date of Admission: 26/12/2025

Overall Analysis: The patient - Baby Tanisha - was brought in to our hospital by her father - Mr. Tushar Mandal on 26th December 2025. The child has sustained Thermal Burn Injury due to accidentally coming in contact with lamp fire while she was at home. She was lamp burning at home, suddenly Baby Tanisha contact with fire from that lamp fire and she got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 40% TBSA Thermal Burn Injury. The Burns is on hand area, abdomen area, thighs 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 7 year, 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	53,000.00
Funds - RMO, Nursing, Consultants & Specialists	52,000.00
Funds - Dressing & Procedures	49,000.00
Funds - Rehabilitation (Physiotherapy)	8,000.00
Funds - Medicines + Consumables + Transfusions	51,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (In numbers)	228,000.00
Total (In words):	Two Lakh Twenty Eight 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	228,000.00
Stage 2	2,000.00
Total (in numbers)	230,000.00
Total (in words)	Two Lakh Thirty Thousand Only

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



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

AO/AD

सेवा जी

श्री गान आश्रम

मिलन हिल

सी-63 वेसमोन्ट साउथ एन-स पाठ-2

जर्ज दिल्ली - 49

विषय :- उम्मीद सहायता हेतु प्रार्थना पत्र /
सहोदय स्वागत निवेदन यह है कि मेरा नाम तुषार
मंडल है। मेरा निवास जारफानाद, नौएडा, गौतम बुद्ध नगर,
उत्तर प्रदेश में स्थित है। मेरी एक बेटी है। जिसका
नाम तनिषा है। उसकी आयु 7 साल है। मेरी
बेटी घर में दिया जला रही थी तभी अचानक
दिशे से कुपड़े में आग लगने की वजह से जल
गई है। जिसके कारण मैं उसे नौएडा के
विनायक हॉस्पिटल लेकर गया और वहां पर उसके
ईलाज के लिए दो लाख तीस 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 :- 26/12/2025

बेटी का नाम :- तनिषा

उम्र :- 7 साल

पता :- जारफानाद, नौएडा,

गौतम बुद्ध नगर, उत्तर
प्रदेश

आपकी आतिथ्य होगी।
आपका प्रार्थी
तुषार मंडल।

तुषार



28479

EMERGENCY ASSESSMENT

MLC-3899

done in vinayak
hospital

NAME TANISHA MANDAL AGE / SEX 7/F DATE 26-12-25 UHID P2505640

Personal History

Alcohol / Smoking / Tobacco
Chewing / other

Allergy

Past History

all non →
Diabetes / HT / IHD / TB

Other

Menstrual History

Current Medication

Vaccination Status

Initial Assessment &

Examination

Pulse Rate - 144/min

B P - 110/80 mmHg

Resp Rate - 26/min

Temp - 98.6°F

Ht / Wt - 23kg

RBS - 131 mg/dL

Investigations

As advised

Chief Complaints

Above child came to casualty with c/o -
burn injury over half
abdomen, left and right
thigh anterior and lateral,
left and right upper arm.

Pain Score



A/H/O Burn injury happened on 22 sept 2025
at home in kitchen room while

Treatment
lighting a diya she ~~was~~ caught fire in her
clothes and burnt herself leading to 35-40%
TBSA burn.

O/E - Baby looks stable, in pain, one wound
looks infectious.

S/C - S₁, S₂ (+)
B/L A/C (+) char
P/A - soft
W/S - NAD

Admit to Dr. A.K. Varma

Rx

ONJ. AMIKACIN 170mg IV 12hrly
ONJ. MONOCEF 600mg IV 12hrly (AST)
ONJ. RONTAC/PATROP 20mg IV 2hrly
ONJ. RL @ 60ml/hr 2hrly
ONJ. NEOMOL 170mg IV 12hrly
REST AS PER ADVICE
ONJ. CEMET 4mg IV (SOS)

Name & Sign Of Doctor

Dr. REENA RANJAN
RMO
Regd. No. UPMS-106763
VINAYAK HOSPITAL, NOIDA.

Website: www.vinayakhospitalnoida.com
VHEMERGENCY ASSESSMENT/2024

TRIAGE CODE
P1 ☐ RED
P2 ☒ YELLOW
P3 ☐ GREEN
P4 ☐ BLACK

Dietary Advise & High
Preventive Care Protein
diet

Follow up



**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2501322

Room No. 202 Catagory

Date of Admission 26.12.2025



MLC-3897

Name BABY TANISHA

Unit / Consultant

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

Date of Discharge

Occupation

Age 7y/8m Sex F

Provisional Diagnosis

Religion HINDU

Father's / Husband's Name

Final Diagnosis

Address H.No. 235

SARFABAD Village NOIDA UP

Infectious nature of disease : Yes/No

Phone : Office Res.

Outcome : LAMA / Stable / Improved / Cured / Died

Advance Receipt No. Date 26/12/25

Death Record filled by Dr.

For Rs.

FOR DELIVERY CASE ONLY

Name & Address of accopanying relative

Date and Time of Delivery

New Born : Male / Female

Birth record filled by Dr.

Phone : Office Res.

R.M.O. Dr. REENA Informed at 1234

Patient shifted from Room No. to

Admitting Dr. A.H. Kumar Informed at 1234

On

Paly
Receptionist

Shifted from Room No. to

On

Shifted from Room No. to

On

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.

Tushar
Signature of Patient / Relative

Discharge Date Time Bill No. / R.No. Dated

For Rs. Received / Refundable after adjustment of advance Rs.

Authorised Signature



realme P1 5G