Ref. No.: FRR/Vinayak/1022/2025-26

Dated:01.12.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Monty.
Sex: Male **Age:** 3 Years .
Father Name:Sanjay Kumar.
Address: Sector 87 Nayagaon Noida (U.P.).
Diagnosis: Approx 30% Thermal Burn.
Date of Admission: 30/11/2025

Overall Analysis: The patient - Master Monty was brought in to our hospital by his father - Mr.Sanjay Kumar on 30th November 2025.The child has sustained thermal Burn Injury due to accidentally coming in contact with hot oil while he was playing at home , his mother making food for her family suddenly Master Monty contacted with hot oil due to this he 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 back area and legs areass. 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 2 Weeks of treatment.

Funds - Hospital Stay	52,000.00
Funds - RMO, Nursing, Consultants & Specialists	58,000.00
Funds - Dressing & Procedures	45,000.00
Funds - Rehabilitation (Physiotheraphy)	5,000.00
Funds - Medicines + Consummables + Transfusions	45,000.00
Funds - Pathology & Diagnostics	5,000.00
Total (in numbers)	210,000.00
Total (in words):	Two Lakh Ten 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	**210,000.00**
Stage 2	**5,000.00**
Total (in numbers)	**215,000.00**
Total (in words)	**Two Lakh Fifteen Thousand Only**

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

VINAYAK HOSPITAL

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 अध्यक्ष
मिशन हील
सी- 63 बेसमेन्ट साउथ एक्स मार्ट-2
नई-दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र

महोदय,

सविनय निवेदन यह है, मेरा नाम संजीव कुमार है. मेरा निवास स्थान नोएडा सेक्टर- 87 नया गाँव में स्थित है. मेरा एक बेटा है, जिसका नाम मोन्टी है, जिसकी आयु 3 वर्ष की है. मेरा बेटा घर में खेल रहा था. अचानक खेलते-खेलते वह बर्तन में रखे गर्म तेल के ऊपर गिर पड़ा जिससे वह जल गया इसके इलाज के लिए मैं उसे नोएडा के विनायक हॉस्पीटल लेकर गया और दिनांक 30-11-2025 को रात साढ़े आठ बजे भर्ती कराया, वहाँ पर उसके इलाज के लिए दो लाख पन्द्रह हजार रुपये का खर्चा बताया गया. जो कि मैं यह खर्चा उठाने में असमर्थ हूँ. अतः आपसे निवेदन है मेरे बेटे के इलाज के लिए सहायता प्रदान करें।

दिनांक
30-11-2025

आपकी अति कृपा होगी
आपका प्रार्थी
संजीव कुमार

बेटे का नाम - मोन्टी
उम्र - 3 वर्ष
पता - सेक्टर-87
नोएडा

VINAYAK HOSPITAL

EMERGENCY ASSESSMENT

27627

NAME MASTER MONTY AGE / SEX 3/Male DATE 30-11-25 UHID P2505317

IPD - VH2501261

Personal History
Alcohol / Smoking / Tobacco
Chewing / other
Allergy
Past History
Diabetes / HT / IHD / TB
Other
Menstrual History
Current Medication

Vaccination Status

Chief Complaints

above patient came to Casualty A/H/O Burn injury. Child accidentally fell into hot boiled oil at home two day back. Patient got initial treatment locally then brought to Vinayak Hospital for further management of burn injury.

Pain Score

Inital Assessment & Examination
Pulse Rate - 150/min.
BP - 90/50
Resp Rate - 24/m
Temp - 98 °F
Ht / Wt - 100/17 KG
Investigations
SpO2 97%

Treatment

OE — STABLE, CONCIOUS
S/E — B/L A/E. PA/soft CNS — NAD
Dressing done and admitted under DR ASHOK VERMA

1. Inj. Moneef 500mg. IV - 12Hrly
2. Syp. Rantac 5ml P/o 8hrly
3. Inj. Pendaeng. IV
4. Inj. Hngser Plan IV.

Dietary Advise & Preventive Care

Name & Sign Of Doctor

VINAYAK HOSPITAL NOIDA NH-1 SEC-27

Follow up

VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

VH No 2501261

Room No 201 Category

Date of Admission 30/11/2025 1:05

Name MASTER MOHIT

S/o, ~~D/o, W/o~~ MR. SANJAY KUMAR

Occupation

Age 3Y Sex MALE

Religion HINDU

Father's / Husband's Name

Address SECTOR-87 NAYAGAON NOIDA, UP

Phone : Office Res

Advance Receipt No Date

For Rs.

Name & Address of accopanying relative

Phone : Office Res.

R.M.O. Dr. Reena Informed at 4:07

Admitting Dr. ASHOK KUMAR VERMA Informed at A. 10 Pm

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

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