





Ref. No.: FRR/Vinayak/1023/2025-26

Dated:11.12.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Shiv Kumar.

Sex: Male **Age:** 2 Years .

Father Name: Prem Kumar Mahto.

Address: Sector 73 Sarafabad Noida (U.P.).

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 11/12/2025

Overall Analysis: The patient - Master Shiv Kumar was brought in to our hospital by his father - Mr. Prem Kumar Mahto on 11th December 2025. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot rice water while he was playing at home, his mother making food for her family suddenly Master Shiv Kumar contacted with hot rice water 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 left hand, back area, and leg areas. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 2 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 (Physiotherapy)	5,000.00
Funds - Medicines + Consumables + 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 Shiv Kumar.



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 आदर्यक्ष

मिशन हिल

सी- 63 वेसमोंट साउथ एक्स पार्क - 2

नई दिल्ली - 49

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र ।
महोदय सावेन्य निवेदन यह है कि मेरा नाम प्रेम कुमार महतो है । मेरा निवास सेक्टर - 73 सरफाबाज, नौएडा, उत्तर प्रदेश में स्थित है । मेरा एक बेटा है । जिसका नाम शिव कुमार है । उसकी आयु 2 साल है । मेरा बेटा घर में खेल रहा था तभी अचानक गर्म उबले चावल के पानी के संपर्क में आने के कारण जल गया है । जिसके कारण मैं उसे नौएडा के विनायक हॉस्पिटल लेकर गया और वहाँ पर उसके इलाज के लिए दो लाख पंद्रह हजार रुपये का खर्चा बताया गया है । जो कि मैं यह खर्चा उठाने में असमर्थ हूँ । अतः मेरा आपसे निवेदन यह है कि मेरे बेटे को सहायता प्रदान करें ।

Date :- 11/12/2025

बेटे का नाम :- शिव कुमार

उम्र :- 2 साल

पता :- सेक्टर - 73 सरफाबाज,

नौएडा, उत्तर प्रदेश

आपकी आतिथ्या होगी ।

आपका प्रार्थी

प्रेम कुमार महतो ।

प्रेम



**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2501325

Room No. 203 Category

Date of Admission 11/12/2025



Name MASTER SHIV KUMAR

S/o, D/o, W/o PREM KUMAR MAHTA

Occupation

Age 2 YRS. Sex M.

Religion HINDU

Father's / Husband's Name

Address SECTOR-73, SAFRABAD

NOIDA, UP

Phone : Office Res.

Advance Receipt No. Date 11/12/2025

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. SK BEHRA Informed at 12.17 PM

Admitting Dr. DR. ASHOK KUMAR VERMA Informed at 12.17 PM

Haty
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 event 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

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



20309

EMERGENCY ASSESSMENT

MIC - 3898

Admitted in Vinayak Hospital

NAME MAHARAJA SHIV KUMAR AGE / SEX 24 months DATE 11 Dec 2025 UNID P2505493

Personal History

Alcohol / Smoking / Tobacco
Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

Other

Menstrual History

Current Medication NA

Chief Complaints

Abused child came to casualty with

scald burn over

back, both buttocks,

left thigh, left elbow
joint.

Pain Score



Vaccination Status

Initial Assessment & Examination

Pulse Rate - 142 bpm

BP - NA

Resp Rate - 28 bpm

Temp - 98.6 F

Ht / Wt - 10 kg

Investigations

Hb - 9.7% ✓

RBC 5.17 mg ✓

A/H/O - scald burn injury happened at home on 8-Dec-2025, 9:30 PM by accidental spillage of hot rice water over child while mother was preparing food.

O/E - Baby is stable, conscious, crying, in pain, dehydrated, TSSA ≈ 26-27%

S/E - S₁, S₂, ⊕
B/L A/G ⊕
PIA - soft
CNS - NAD

Admit to Dr. A.K. Verma (Informed)

Rx
 ONI. T.T. 0.25 ml IM STAT
 ONI. MONOLEF 250 mg IV 12 hourly (AST)
 ONI. AMIKACIN 75 mg IV 12 hourly
 SVP RL 320 ml in the 8 hrs then rest in
 SYP. FORTIS 0.3 ml PO 2 hourly : 16 hrs
 ONI. PCM 75 mg IV every 6 hours
 REST AS PER ADVICE
 esp. ~~parent~~

Name & Sign Of Doctor

Key on

DIAGNOSIS	CODE
P1 RED	
P2 YELLOW	
P3 GREEN	
P4 BLACK	

