
www.missionhope.org

Ref. No.: FRR/Vinayak/10026/2024-25

Dated:27.01.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Anuj.
Sex: Male **Age:** 5 Years .
Father Name:Sonu Kumar.
Address: Amarpur P.O Dankaur G.B. Nagar Uttar Pradesh (U.P.).
Diagnosis: Approx 30% Thermal Burn.
Date of Admission: 27/01/2026

Overall Analysis: The patient - Master Anuj was brought in to our hospital by his father - Mr. Sonu Kumar on 27th January 2026. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot water while he was at home. His mother was warming water for her family, suddenly Master Anuj came in 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 back area, legs area and genital 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	56,000.00
Funds - RMO, Nursing, Consultants & Specialists	52,000.00
Funds - Dressing & Procedures	53,000.00
Funds - Rehabilitation (Physiotheraphy)	4,000.00
Funds - Medicines + Consummables + Transfusions	47,000.00
Funds - Pathology & Diagnostics	8,000.00
Total (in numbers)	220,000.00
Total (in words):	Two Lakh Twenty 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	**220,000.00**
Stage 2	**5,000.00**
Total (in numbers)	**225,000.00**
Total (in words)	**Two Lakh Twenty Five Thousand Only**

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

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,

श्री मान अध्यक्ष
मिशन हील
ई-63 वेलफेयर सोसाइटी एनक्लेव पार्ट-2
नई दिल्ली - 49

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम सोनू है। मेरा निवास अमरपुर पोस्ट धनकौर गौतम बुद्ध नगर उत्तर प्रदेश में स्थित है। मेरा एक बेटा है। उसका नाम अनुज है। उसका आयु 5 साल का है मेरा बेटा घर में खेलते खेलते अचानक घर में रखे गर्म पानी के टब में गिर गया जिसके कारण मेरा बेटा जल गया है उसे मैं तत्काल हास्पिटल लेकर गया और वहाँ पर उसके इलाज के लिए दो लाख पच्चीस हजार रुपये का खर्चा बताया गया है जो कि मैं यह खर्ची उठाने में असमर्थ हूँ अतः मेरा आपसे निवेदन यह है कि मेरा बेटा का सहायता प्रदान करें।

दिनांक :- 27/1/2026

बेटे का नाम :- अनुज
उम्र :- 5 वर्ष
पता :- अमरपुर पोस्ट धनकौर
गौतम बुद्ध उत्तर प्रदेश

आपकी अति कृपा होगी।

आपका प्रार्थी
सोनू

VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2501475

Room No. 205 Catagory .....

Date of Admission 27.1.2026

Name MASTER ANUJ

S/o, D/o, W/o SONU

Occupation .....

Age 5Y Sex M.

Religion HINDU

Father's / Husband's Name .....

Address AMARPUR P.O. DANKAUR DIST. GAUTAM BUDDHA NAGAR

Phone : Office ..... Res. .....

Advance Receipt No. ..... Date .....

For Rs. .....

Name & Address of accopanying relative .....

.....

.....

Phone : Office ..... Res. .....

R.M.O. Dr. REENA ..... Informed at 3.45 PM

Admitting Dr. ASHOK KUMAR VERMA Informed at 3.45 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 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

MLC - done in GIMS Noida.

EMERGENCY ASSESSMENT

28559

NAME MASTER ANVI AGE / SEX 5Y/M DATE 27/1/26 15:45 PM UHID P25061

Personal History
Alcohol / Smoking / Tobacco Chewing / other
Allergy
Past History → None
Diabetes / HT / IHD / TB
Other
Menstrual History
Current Medication

Vaccination Status

Inital Assessment & Examination
Pulse Rate - 141/m
BP - 100/60 mmHg
Resp Rate - 14/m
Temp - 98.6°F
Ht / Wt -
wt - 14kg.
Investigations
SpO_2 - 99%
RBS 121

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

Chief Complaints

Above pt. came to casualty with his parent with c/o - scald burn over both his lower limb + genitals + buttock on 27/1/26 at ~~noon~~ 3PM.

Pain Score

A/H/O - accidentally falling in hot wat tub at home on 27/1/26 at 7AM at Anupur, GB Nagar

Treatment

O/E - Both lower limbs, genital, buttocks ha been burned ≈ 30% of TBSA, G.C.S - 15

S/E - $S_1 S_2$ (+)
B/L A/E (+) clear
P/A - soft
CNS - NAD

Admit ↓ Dr. A.K. Verma

℞
INJ. MONOCEF 300mg IV 12hrly [AST]
INJ. AMIKACIN 100mg IV 12hrly
INJ. PANTOP 40mg IV 24hrly
~~INJ~~ IVF RL 1200mL in 24hrs
SYP. FOURTS B 5mL P/O 24hrs.
REST AS ADVISED
INJ. T.T. → already given in GIMS Noida
INJ. PCM 200mg IV ~~every~~ 6hrs

Dietary Advise & Preventive Care Normal diet Protein Rich

Follow up

Name & Sign Of Doctor
Dr. REENA JAIN
MBBS, RMO
Regd. No. UPMC-106703
VINAYAK HOSPITAL, NOIDA


www.missionheal.org