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Ref. No.: FRR/Vinayak/10028/2024-25

Dated: 03.03.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Anushka.
Sex: Female **Age:** 3 Years .
Father Name: Lokesh Singh.
Address: Jewar House Number -20 Sector 11 Noida Gautam Buddh Nagar (U.P).
Diagnosis: Approx 30% Thermal Burn.
Date of Admission: 03/03/2026

Overall Analysis: The patient - Baby Anushka was brought in to our hospital by her father - Mr.Lokesh on 3rd March 2026.The child has sustained thermal Burn Injury due to accidentally coming in contact with hot oil while she was at home. Her mother was making food for her family, suddenly baby Anushka contact with hot oil 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 hip areas. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 3year , 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	**55,000.00**
Funds - RMO, Nursing, Consultants & Specialists	**52,000.00**
Funds - Dressing & Procedures	**48,000.00**
Funds - Rehabilitation (Physiotheraphy)	**1,000.00**
Funds - Medicines + Consummables + Transfusions	**49,000.00**
Funds - Pathology & Diagnostics	**10,000.00**
Total (in numbers)	**215,000.00**
Total (in words):	**Two Lakh Fifteen Thousand Only**

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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	**10,000.00**
Total (in numbers)	**10,000.00**
Total (in words):	**Ten Thousand Only**
Fund Requirement - TOTAL	
Stage 1	**215,000.00**
Stage 2	**10,000.00**
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 Baby Anushka .

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

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सेवा में,

श्रीमान अध्यक्ष
मिशन हील
सी-63 सेक्टर नायडा एक्स पार्ट-2
नई दिल्ली - 49

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम लोकेश सिंह है। मेरा निवास नोएडा सेक्टर 11 में स्थित है। मेरी एक बेटी है। उसका नाम अनुष्का कुमारी है उसकी आयु 3 वर्ष की है मेरी बेटी घर में रखे हुए गर्म तेल के अन्दर गिर गई जिसके कारण मेरी बेटी जल गई है उसे मैं विनायक हास्पिटल लेकर गया और वहाँ पर उसके इलाज के लिए दो लाख पच्चीस हजार रुपये का खर्ची बताया गया है जो कि यह खर्ची उठाने में असमर्थ हूँ अत: मेरा आवेदन निवेदन यह है कि मेरी बेटी का सहायता प्रदान करें।

दिनांक = 03/3/26

बेटी का नाम: अनुष्का

उम्र = 3 वर्ष

पता = नोएडा सेक्टर = 11

आपकी अति कृपा होगी।

आपका प्रार्थी

लोकेश सिंह

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(A Unit of Chevdhary Nursing Home Pvt. Ltd.)

VINAYAK HOSPITAL

28918

EMERGENCY ASSESSMENT

MLC No - 3920

NAME Baby ANUSHKA UMRAL AGE / SEX 3 4 / f DATE 02/3/26 UHID 210602

Personal History
Alcohol / Smoking / Tobacco Chewing / other
Allergy (-)
Past History
Diabetes / HT / IHD / TB
Other (-)
Menstrual History
Current Medication (-)
Vaccination Status

Chief Complaints

A baby girl brought to casualty with H/H/o - Deep scald burn c TBSA = 25-30 %.

Pain Score

H/H/o - burn by boil oil at Home - Harola Near Govt. primary school - Maida N-5 Today (02/3/26) at = 7.30 Pm

L/E Involving area - back, BL buttock, BL thigh & BL calf with blisters at places

Inital Assessment & Examination
Pulse Rate - 130/min
B P -
Resp Rate - 28/min
Temp - 98.2°
Ht / Wt - 13kg
SpO2 - 95 %
Investigations
RBS - 121 mg/dl

Treatment

Adv:- Admission & Dr. K Verma
By — Dressing
Consent to be done
Inj - MONOCEF 650mg I.V. BD (Test)
Inj - PANTOP 0.5 ml I.V. - 1-0-1
Inj - PCM . 20ml I.V. SOS
Syp - T. BUGESIL - 5 ml - 0-0-1
Syp - LCZ - 4 ml - 0-0-1
I.V.F. RL @ 650ml I.V. over 8 hrly then 650ml over 16 hrly after 24 hrs

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

Dietary Advise & Preventive Care

Name & Sign Of Doctor

Follow up

CASUALTY MEDICAL OFFICER
VINAYAK HOSPITAL, NOIDA

www.missionheal.org

T NADIM (DENTAL CAREER) MLC : 292 UHID : P2506872

VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

VH. No 2506686

Room No 206 Category

Date of Admission 2/03/26

Name BABY ANUSHKA LUHAR

S/o, D/o, W/o MR. LOKESH SINGH

Occupation

Age 3Y Sex F

Religion HINDU

Father's / Husband's Name

Address H-20 SEC-II NOIDA, PO: NOIDA DIST: GAUTAM BUDDHA NAGAR U.P

Phone : Office Res. 8810509338

Advance Receipt No. Date 2/03/26

For Rs

Name & Address of accopanying relative

Phone : Office Res.

R.M.O. Dr. HARI Informed at 10:19 AM

Admitting Dr. ASHOK KUMAR VERMA Informed at 10:19 AM

Monty
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.

LOKESH SINGH
Signature of Patient / Relative

Unit / Consultant DR. ASHOKKUMAR 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

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