



**VINAYAK HOSPITAL** विनायक  
BIO-MEDICAL WASTE SEPARATION CHART  
GENERAL WASTE SEPARATION CHART

Ref. No.: FRR/Vinayak/10029/2025-26

Dated: 29.03.2026

### PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Baby Radhika.

**Sex:** Female **Age:** 3 Years .

**Father Name:** Sunil Kumar.

**Address:** Salarpur G.B. Nagar (U.P)

**Diagnosis:** Approx 25% Thermal Burn.

**Date of Admission:** 28/03/2026

**Overall Analysis:** The patient - Baby Radhika was brought in to our hospital by her father - Mr. Sunil Kumari on 28th 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 Radhika contacted with hot oil and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 25% TBSA Thermal Burn Injury. The Burns is on back area, hands area, neck, knees and chest areas. 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 3 Weeks of treatment.

Funds - Hospital Stay	51,000.00
Funds - RMO, Nursing, Consultants & Specialists	62,000.00
Funds - Dressing & Procedures	63,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	67,000.00
Funds - Pathology & Diagnostics	15,000.00
<b>Total (in numbers)</b>	<b>262,000.00</b>
<b>Total (in words):</b>	<b>Two Lakh Sixty Two Thousand Only</b>

**Fund Requirement - Follow Up**

Please find below the detailed fund requirement for Follow Up period of 1.5 Month Post Discharge.

<b>Funds - Follow Up Visits &amp; Dressings</b>		<b>3,000.00</b>
	<b>Total (in numbers)</b>	<b>3,000.00</b>
	<b>Total (in words):</b>	<b>Three Thousand Only</b>
<b>Fund Requirement - TOTAL</b>		
	<b>Stage 1</b>	<b>262,000.00</b>
	<b>Stage 2</b>	<b>3,000.00</b>
	<b>Total (in numbers)</b>	<b>265,000.00</b>
	<b>Total (in words)</b>	<b>Two Lakh Sixty Five Thousand Only</b>

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



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

AO/AD

श्रीवा मे,

श्रीमान आदरणीय

मिश्रान हील

सी. 63 तैलमैन्ट आदरणीय एबस पार्क-2

नई दिल्ली. 110014

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र ।

महोदय सविनय निवेदन यह है कि मेरा नाम सुनील कुमार है  
मेरा निवास सलारपुर गौतम बुद्ध नगर उत्तर प्रदेश में स्थित है  
मेरी एक बही है उसका नाम शशििका है उसकी आयु 3 वर्ष  
की है मेरी बही घर में रखे हुए गम तेल के अन्दर छिप गई जिसके  
कारण मेरी बही पल गई इस में विनाशक हादसाले लेकर गया और  
वहाँ पर उसके इलाज के लिए दो लाख पैंसठ हजार रुपये का खर्चा  
लगाया गया है जो कि यह खर्चा उन्होंने में असमर्थ हूँ अतः  
आपसे निवेदन यह है की मेरी बही का सहायता प्रदान करे ।

दिनांक = 28/3/2026

बही का नाम = शशििका

उम्र = 3 वर्ष

पता = सलारपुर गौतम बुद्ध

आर उत्तर प्रदेश

आपकी आर्ति श्रद्धा होगी

आपका प्रार्थी

सुनील कुमार



29153

## EMERGENCY ASSESSMENT

NAME Baby RADHIKA AGE / SEX 3/F DATE 28-3-26 UHID P2507372

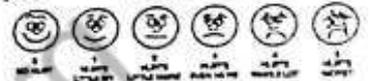
Personal History  
Alcohol / Smoking / Tobacco  
Chewing / other

### Chief Complaints

11:27 PM

Abuse child came to casualty with  
head burn over face, both  
upper limb, both knee,  
neck, back

Pain Score



Allergy

Past History

Diabetes / HT / IHD / TB

Other

Menstrual History

Current Medication

Vaccination Status

Initial Assessment & Examination

Pulse Rate - 137/m

B P -

Resp Rate -

Temp - 98.6 F

Ht / Wt - 8.5 kg

SpO2 - 97%

Investigations

A/H/O Head burn happened at home around 10:30  
AM when the mother was cooking with  
hot oil in kadhai, when child accidentally  
fell over pushed in kadhai and all oil  
spilled over her body.

O/E - facial burn, both upper limb, neck, back  
both knee joint ~ 25% TBSA  
superficial burn majorly, both eyes open

S/E - conscious, oriented,  
S, S, @ B/L N/C @ clear HA - soft  
Admit to Do. N.K. Verma

Dr. 9M. MUNDOLF 200 IV 12hly  
9M. AMINON 125 mg IV 24hly  
9M. RL @ 30 ml/hr  
9M. PAIN 120mg IV every 6 hours  
9M. RL 170ml (adjust fast)

Pediatric opinion

9M. NON-AC 8mg IV slowly  
(slowly) Name & Sign of Doctor

Dr. REEJA AIN

IBBS, RMO

Regd. No. UPMC-106703

VINAYAK HOSPITAL, NOIDA

TRIAGE CODE  
P1  RED  
P2  YELLOW  
P3  GREEN  
P4  BLACK

Dietary Advise &  
Preventive Care

↑ fluid  
Normal  
dr.

Follow up

MUC - 3927



# VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. VH 2501831  
Room No. 204/1 Category .....  
Date of Admission 28/03/2026



Name BABY RADHIKA  
 S/o, D/o, W/o SUNIL KUMAR  
 Occupation .....  
 Age 37 Sex F  
 Religion HINDU  
 Father's / Husband's Name MR. SUNIL KUMAR  
 Address SALARPUR, G.B. NAGAR  
UP  
 Phone : Office ..... Res. ....  
 Advance Receipt No. .... Date .....  
 For Rs. ....  
 Name & Address of accompanying relative .....  
 Phone : Office ..... Res. ....  
 R.M.O. Dr. DR. DEENA Informed at 11.27  
 Admitting Dr. ASHOK KR. VERMA Informed at 11.27  
Chak  
 Receptionist

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 .....

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.

Sunil Kumar  
Signature of Patient / Relative

Discharge Date ..... Time ..... Bill No. / R.No. .... Dated.....  
 For Rs. .... Received / Refundable after adjustment of advance Rs. ....

Authorised Signatory

