





Ref. No.: FRR/Vinayak/10027/2025-26

Dated: 02.03.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Divyansh.

Sex: Male **Age:** 3 Years.

Father Name: Arun Kumar.

Address: Village Dibal Bulandshahr (U.P.).

Diagnosis: Approx 50% Thermal Burn.

Date of Admission: 01/03/2026

Overall Analysis: The patient - Master Divyansh was brought in to our hospital by his father - Mr. Arun Kumar on 1st March 26. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot water while he was playing at home. His mother was making food for her family suddenly Master Divyansh contacted with hot curry and burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 50% TBSA Thermal Burn Injury. The Burns is on chest area, back area, lower abdomen, hip area and genital 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	62,000.00
Funds - RMO, Nursing, Consultants & Specialists	62,000.00
Funds - Dressing & Procedures	71,000.00
Funds - Rehabilitation (Physiotherapy)	8,000.00
Funds - Medicines + Consumables + Transfusions	81,000.00
Funds - Pathology & Diagnostics	22,000.00
Total (In numbers)	306,000.00
Total (In words):	Three Lakh Six 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	14,000.00
Total (in numbers)	14,000.00
Total (in words):	Fourteen Thousand Only
Fund Requirement - TOTAL	
Stage 1	306,000.00
Stage 2	14,000.00
Total (in numbers)	320,000.00
Total (in words)	Three Lakh Twenty Thousand Only

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



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 हील्स

सी-63 बेसमेंट साउथ रक्स मार्ग-2

नई-दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र

महोदय,

सविनय निवेदन यह है, मेरा नाम अरुन कुमार है मेरा निवास स्थान जिला बुलन्दशहर के डिबाई में स्थित है। मेरा एक बेटा है जिसका नाम दिव्यांशु है जिसकी आयु 3 वर्ष की है। मेरा बेटा घर में खेल रहा था अचानक खेलते-खेलते वह बर्तन में रखे गर्म पानी के ऊपर गिर पड़ा जिससे वह जल गया। उसके इलाज के लिए मैं उसे नोखा के विनायक हॉस्पिटल लेकर गया और दिनांक 01-03-2026 को वहाँ पर भर्ती कराया वहाँ पर उसके इलाज के लिए तीन लाख बीस हजार रुपये का खर्च बताया गया जो कि मैं यह खर्च उठाने में असमर्थ हूँ। अतः आपसे निवेदन है मेरे बेटे के इलाज के लिए सहायता प्रदान करें!

दिनांक
01-03-2026

बेटे का नाम - दिव्यांशु

उम्र - 3 वर्ष

पता - डिबाई बुलन्दशहर
(यू०पी०)

आपकी अति कृपा होगी।

आपका प्रार्थी

अरुन कुमार



EMERGENCY ASSESSMENT SHEET

Master DIVYANSH
S/o MR. ARUN KUMAR
UHID P2506850 IPD No. VH2501683
DOA 01/Mar/2026 17:14206/13
DR. ASHOK KUMAR VERMA
GENERAL & LAP. SURGERY

UHID No.
Patient Name.....
Date:/...../..... Time of arrivalAM/PM MLC: Yes No
Age:Years

Height.....Centimeters Weight.....12.....Kilogrammes

Mode: Stretcher Wheelchair Walking

Treated in emergency from: 11.5:13 am / pm To 5:35 am / pm

Discharged from emergency to:

Ward ICU/HDU OT Home DAMA DIED

Chief Complaints: A/H/O Deep cold burn
T. 76.4 ~ 50%

Past Medical History: N/S

Allergies: H/L

GENERAL EXAMINATION & VITALS:
BP: PULSE: 122 ICTERUS: CLUBBING:
R/R: 32 SPO2: 95% PALLOR: OEDEMA:
GCS: 15/15 TEMPERATE: 98.6 CYANOSIS:
OTHER: N/L

PHYSICAL EXAMINATION:

SYSTEMIC INVESTIGATION:

CVS: S/L (t)

RESPIRATORY: Muc A.E.S. (t)

CNS: Grandy

OTHERS:



VINAYAK HOSPITAL

MLC NO: 900/26
OUTSIDE



28951

EMERGENCY ASSESSMENT

NAME: MAST DIVYANJH AGE / SEX: 34YR/M DATE: 01/03/26 UHID: 9506880

Personal History

Alcohol / Smoking / Tobacco
Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

Other

Menstrual History

Current Medication

Vaccination Status

Initial Assessment & Examination

Pulse Rate - 132

B P -

Resp Rate - 32

Temp - Afebrile

Ht / Wt - 12/Kg

Sat 95%

Investigations

Chief Complaints

34yr old male baby brought to Casualty with

Pain Score



A/H/O Accidental burn from hot boiling water at home on 01/03/26 @ 3pm

Including Area: chest + back + (R) upper limb

+ Both thigh Anterior aspect + posterior aspect + Perineal area

E TBSA ≈ 50%

TRIAGE CODE
 P1 RED
 P2 YELLOW
 P3 GREEN
 P4 BLACK

Dressing done (+)

G.C. Sick

Prognosis: Guarded explained to relative

chest B/L A&E (+)
 CVL b L (+)
 P/A soft B/L (+)

- IVF RL 1000ml over 0hrs

F/B 1000ml OVER NEXT 16HRS

- INJ PIPTAZ 1200mg IV QHRLY

- INJ PCM 120mg IV 12HRLY

- INJ RAN TAC 15mg 12HRLY

- FOLEY'S CATH INSERTION ON

Name & Sign Of Doctor

Dietary Advise & Preventive Care

Soft diet

SYP LL2 3ml OD HS

Follow up

SYP 1BUS EIC 3ml QHRLY





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