





Ref. No.: FRR/Vinayak/10002/2026-27

Dated: 28.04.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Shanvi.

Sex: Female **Age:** 1 Year .

Father Name: Naveen Kumar.

Address: Semri Khartari Gonda Uttar Pradesh.

Diagnosis: Approx 25% Thermal Burn.

Date of Admission: 28/04/2026

Overall Analysis: The patient - Baby Shanvi was brought in to our hospital by her father - Mr.Naveen Kumar on 28th April 2026. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot tea while she was at home. Her mother was making tea for her family, suddenly Baby Shanvi contact with hot tea 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 chest area and abdomen area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 1 year, 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	41,000.00
Funds - RMO, Nursing, Consultants & Specialists	42,000.00
Funds - Dressing & Procedures	53,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	57,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	212,000.00

Total (in words):

Two Lakh Twelve 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	3,000.00
Total (in numbers)	3,000.00
Total (in words):	Three Thousand Only
Fund Requirement - TOTAL	
Stage 1	212,000.00
Stage 2	3,000.00
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 Baby Shanvi .



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

AO/AD

श्रीवा मि,

श्री मन आस्था

मिशन हील

सी-63 लेहमिन्ट साउथ एक्स पार्सि-२

नई दिल्ली - ५५

विषय :- आपकी सहायता हेतु प्रार्थना पत्र ।

महोदय सविनय निवेदन यह है कि मेरा नाम नवीन कुमार है
मेरा निवास शेमरी खरखरी गीडा उत्तर प्रदेश में स्थित है
मेरी एक बेटी है उसका नाम शान्ती पांडे है उसकी आयु १ वर्ष की है
मेरी बेटी घर में रहे बहुत गर्म पाया उसके उपर छिद्र गया
बिनाके काउज मेरी बेटी जब गर्म हुई उसे मे विनायक डॉस्मिल लेकर
गया वहाँ पर उसके इलाज के लिए दो लाख पंद्रह हजार रुपये
का खर्चा लगाया गया है जो कि यह खर्चा उठाने में असमर्थ हूँ
अतः आपसे निवेदन यह है कि मेरी बेटी का सहायता प्रदान करें ।

दिनांक = 28/5/26

बेटी का नाम = शान्ती पांडे

उम्र = १ वर्ष

पता = शेमरी खरखरी गीडा

उत्तर प्रदेश

आपकी आरि कृपा होगी

आपका प्रार्थी

नवीन कुमार



29337

EMERGENCY ASSESSMENT

MLC - 3935

NAME GATBY SWANVI PANDAY AGE/SEX 14/F DATE 28/4/26 UHID P2600403
16:48 PM

Personal History
Alcohol / Smoking / Tobacco
Chewing / other
Allergy
Past History
Diabetes / HT / IHD / TB
Other

Chief Complaints

Abuse pt. came to casualty with c/o -
mild burn over whole
abdomen and back.
on 21-4-26

Pain Score



Menstrual History
Current Medication

A/H/O accidental spilling of boiling tea
over child happened on 21-4-26,
10 AM, Kheda Colony sec 62 Noida

Vaccination Status

O/E - child is conscious,
GCSA ≈ 25+

Initial Assessment & Examination

Pulse Rate - 126/min
BP - NA

Resp Rate - 28/min

Temp - 98.6 F

Ht/Wt - 10kg

SpO₂ - 96% RA

Investigations

ABG - 80 mg/dL

Treatment

S/E - S₁, S₂ ⊕
A/E ⊕ clear
P/A - left
C/S - active

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

Rx
• Syf. T.T. Temp already given
• Syf. AUGMENTIN 3ml every 12 hours
• Syf. IZAVESIC 2ml every 6 hours
• Syf. POLYBION 5ml once a day / every
• Syf RL 500ml first 2 hours followed
by 40ml/hr later.

Rel a pr adv.
• Syf. PAIN 15ml every 6 hours.

PEDIATRICIAN OPINION
Dr. REENA JAIN
MBBS, DNB
Reg. No. 1.P.100.106105
Name & Sign of Doctor
VINAYAK HOSPITAL, NOIDA



Dietary Advice & Preventive Care

Swart feeding continues

Follow up

MLC- 3935



**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. VH260012

Room No. 206 Category

Date of Admission 28/4/26



Name BABY SHANVI PANDEY
 S/o, D/o, W/o MR. NAVEEN KUMAR
 Occupation
 Age 17 Sex F
 Religion HINDU
 Father's / Husband's Name MR. NAVEEN KUMAR
 Address SEMARI KHATHARI
GANDA, UJ

Phone : Office Res.
 Advance Receipt No. Date 28/4/26

For Rs.
 Name & Address of accompanying relative

Phone : Office Res.
 R.M.O. Dr. Reena Informed at 4.45h
 Admitting Dr. DR. VERMA Informed at 4.45h

[Signature]
 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]
 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
 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

