





Ref. No.: FRR/Vinayak/10003/2026-27

Dated: 08.05.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Anshu.

Sex: Male **Age:** 1 Year .

Father Name: Radhey.

Address:Shakarpur Thana Ramesh Park Delhi.

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 08/05/2026

Overall Analysis: The patient - Master Anshu was brought in to our hospital by his father - Mr.Radhey on 8th May 2026.The child has sustained thermal Burn Injury due to accidentally coming in contact with hot milk while he was at home. His mother was warming milk for her family, suddenly Master Anshu contact with hot milk 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 chest, hand 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 (Physiotheraphy)	4,000.00
Funds - Medicines + Consummables + Transfusions	57,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	212,000.00
Total (in words):	Two Lakh Tweleve 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 Master Anshu .



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 मदन आहयन

मिशन टील

सी-63 लेसमिन्ट साउथ खरस पार्क-2

नई दिल्ली - 110014

विषय :- आविर्क सहायता हेतु प्रार्थना पत्र ।

महोदय सविनय निवेदन यह है कि मेरा नाम राधे है
मेरा निवास सकरपुर धाना रमेश पार्क दिल्ली में स्थित है मेरा एक
बेटा है उसका नाम अंशु है उसका आयु 1 वर्ष का है मेरा बेटा
घर से रहने हुए गर्भ दुःख उसके उपर गिर गया जिसके कारण
मेरा बेटा धब गया उसे मेरे विनायक हॉस्पिटल लेकर गया वहाँ पर
उसके इलाज के लिए दो लाख पंद्रह हजार रुपये का खर्च होताया
गया जो कि यह खर्च उठाने में असमर्थ हूँ अब; आपसे
निवेदन यह है कि मेरा बेटा का सहायता प्रदान करें ।

दिनांक = 8/05/26

बेटे का नाम = अंशु

उम्र = 1 वर्ष

पता = सकरपुर धाना रमेश पार्क
दिल्ली

आपकी आति कृपा होगी

आपका प्राय

राधे



41352

OPD INITIAL ASSESSMENT

NAME Mastika ANSHU AGE / SEX / race DATE 8/5/2026 UHID VH26001R

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 - 134/m

B P - NA

Resp Rate - 32/m

Temp - 38.1m

Ht / Wt - 101.30f

SpO₂ 8.71cg

Investigations SpO₂ 97

Chief Complaints

above child care to casualty

Pain Score



90. Seald burn injury over left upper limb, abdomen -

H/o. Seald burn on 02.5.26.6ly,

Treatment

child accidentally fell on hot milk pot at home.

of baby casualty stable and intact

9.52

MCA/EI

RL Sp CNS/NA

TRSA 25-30

Require admission - Admit under DR. AK. VERMA for further treatment.

Dietary Advice & Preventive Care

Dy. TAZAR 500 IV 12 hrs

Dy. Ranta Damp IV hourly

Dy. RL @ 330/hr

Exp. feeds 1/2 bowl every 2hrs



Follow up



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. VH 2600/186
 Room No. 203 Category



Date of Admission 08/5/2026

Name MASTER ANSHU
 S/o, D/o, W/o Radhey
 Occupation
 Age 1 year Sex

Religion

Father's / Husband's Name

Address SHAKA PUR THANA
Ramesh Park Delhi

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. Reena Informed at 9.15A
 Admitting Dr. A.K. VERMA Informed at 9.15A

[Signature]
 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.

[Signature]
 Signature of Patient / Relative

Discharge Date Time Bill No. / R.No. Dated

For Rs. Received / Refundable after adjustment of advance Rs.

Authorised Signatory

