



Ref. No.: FRR/Vinayak/10005/2026-27

Dated: 01.06.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Avishi.

Sex: Female **Age:** 4 Years .

Father Name: Ankit Panchal.

Address: Ganesh Chowk Mohalla Takaiv Saharanpur Uttar Pradesh.

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 31/05/2026

Overall Analysis: The patient - Baby Avishi was brought in to our hospital by her father - Mr. Ankit Panchal on 31st May 2026. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot water while she was at home. Her mother was boiling water for her family, suddenly baby Avishi contact with hot water 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 legs area and back area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 4 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 2 Weeks of treatment.

Funds - Hospital Stay	41,000.00
Funds - RMO, Nursing, Consultants & Specialists	42,000.00
Funds - Dressing & Procedures	45,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	69,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (In numbers)	216,000.00
Total (In words):	Two Lakh Sixteen 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		4,000.00
	Total (in numbers)	4,000.00
	Total (in words):	Four Thousand Only
Fund Requirement - TOTAL		
	Stage 1	216,000.00
	Stage 2	4,000.00
	Total (in numbers)	220,000.00
	Total (in words)	Two Lakh Twenty Thousand Only

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



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

AO/AD

श्रीवा ३१

श्री राज अहपल

मिशन हील

सी-८३ वेसमिन्ट साउथ इबल पार्क-२

नई दिल्ली-५९

विषय :-

आपकी सहायता हेतु प्रार्थना पत्र।
 शिवाय सविनय निवेदन यह है कि मेरा नाम अंकित पांचाल है
 मेरा निवास गाँव का नाम मीरुली बंगला शिवपुर महाराजपुर
 उत्तर प्रदेश में स्थित है मेरी लैडी है उसका नाम अश्विनी पांचाल है
 उसकी आयु ५ वर्ष की है मेरी लैडी घर में रखे हुए गर्ज पानी के
 अन्दर गिर गई जिसके कारण मेरी लैडी जब गर्भ उसे में विनायक
 हाँडिपलन निकर गया वहाँ पर उसके इलाज के लिए ही लाख कीस
 हजार रुपये का खर्च लगाया गया है जो कि यह खर्च उठाने
 में असमर्थ है अतः आपसे निवेदन यह है कि मेरी लैडी का
 सहायता प्रदान की जाय।

दिनांक - ३/०९/२६

लैडी का नाम = अश्विनी पांचाल

उम्र = ५ वर्ष

पता - महाराजपुर उत्तर प्रदेश

आपकी आरि कृपा हेतु

आपका पुत्र

अंकित पांचाल



A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. P2506763

Room No. 202 Category

Date of Admission 31-05-2026 6/40h



Name BABY A VISHI

S/o, D/o, W/o SONAM RANI

Occupation

Age 4Y Sex Female

Religion HINDU

Father's / Husband's Name

Address GANESH CHOWK

MAHALA TAKNI, SAHARANPUR

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

.....

.....

Phone : Office Res.

R.M.O. Dr. Reema Informed at 6:40h

Admitting Dr. ASHOK VERMA Informed at 6:50h

Chauhan
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.

Sonam
Signature of Patient / Relative

Unit / Consultant DR ASHOK KUMAR

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

OPD INITIAL ASSESSMENT

41354

NAME BABY AVISHI AGE / SEX 4 / F DATE 31-05-2026 UHID P2506762

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 - 118/m

B P -

Resp Rate -

Temp - 21/m

Ht / Wt -

SpO₂ 98%

Investigations 99%

Chief Complaints

A bone baby brought to Casualty by her mother with A/H/O Deep burn due to hot water while taking bath at home on 27.05.2026 at home. Initial treatment taken locally. Then brought to Vinayak Hospital for further management of burn injury. Burn place severely and bedden TBSA - 25-30%.

Pain Score



Treatment

1. Drip Morney 35mg . IV. 12 hourly
 2. Drip Analgesic 1mg . IV 2 hourly
 3. Drip Pen 1ml . IV. 8hr / 1r.
 4. Drip . Dexam 3.50 BID
 5. Drip . TT:
- Drugs due & strictly to form.

Admit under
DR. Ashok Kumar
Veng

Dietary Advice &
Preventive Care

Follow up



