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Ref. No.: FRR/Vinayak/10009/2026-27

Dated: 10.07.2026

### PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Baby Anaya.

**Sex:** Female **Age:** 2.6 Years .

**Father Name:** Jitendra Kumar.

**Address:** Chittayan malnpuri Uttar Pradesh.

**Diagnosis:** Approx 30% Thermal Burn.

**Date of Admission:** 09/07/2026

**Overall Analysis:** The patient - Baby Anaya - was brought in to our hospital by her father - Mr. Jitendra - on 09th July 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 Anaya contact with hot oil 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 back area, hands area and face area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 2.6 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	38,000.00
Funds - RMO, Nursing, Consultants & Specialists	36,000.00
Funds - Dressing & Procedures	43,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	42,000.00
Funds - Pathology & Diagnostics	15,000.00
<b>Total (in numbers)</b>	<b>178,000.00</b>
<b>Total (in words):</b>	<b>One Lakh Seventy Eight 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>		2,000.00
	Total (in numbers)	2,000.00
	Total (in words):	Two Thousand Only
<b>Fund Requirement - TOTAL</b>		
	Stage 1	178,000.00
	Stage 2	2,000.00
	Total (in numbers)	180,000.00
	Total (in words)	One Lakh Eighty Thousand Only

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



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 मान अहमद

मिश्रण हील

सी-63 बेसमेंट साउथ खबर पार्क-2

नई दिल्ली-49

विषय :-

आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम विवेक कुमार है  
मेरा निवास चित्तमैनपुरी उत्तर प्रदेश में स्थित है  
मेरी एक बेटी है उसका नाम अनाया है उसकी आयु  
2 वर्ष 6 महीना की है मेरी बेटी घर में रखे मर्म तैल  
के अन्दर छिरे गये जिसके कारण मेरी बेटी पर गहरे  
उदर में विनायक हॉस्पिटल लेकर गया वहाँ पर उसके  
शलाक के लिए एक लाख अरसी ह्यार इपचे का  
खर्च लगाया गया है कि यह खर्च उठाने में  
असमर्थ हूँ अतः आपसे निवेदन यह है कि मेरी बेटी  
का सहायता प्रदान करें।

दिनांक = 09/07/26

बेटी का नाम = अनाया

उम्र = 2 वर्ष 6 महीना

पता = चित्तमैनपुरी  
उत्तर प्रदेश

आपकी आज्ञा कृपा होगी

आपका प्राचीन

विवेक कुमार



**VINAYAK  
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

MLC-3961

V.H. No. VH 2600509

Room No. 205 Category

Date of Admission 09.07.2026



Name ✓ BABY ANAYA

S/o, D/o, W/o SITENDRA KUMAR

Occupation

Age 2.67 Sex female

Religion HINDU

Father's / Husband's Name

Address CHITTAYAN

MAINFUR, UP

Phone : Office Res

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

Phone : Office Res

R.M.O. Dr. SK.BEHRA Informed at 1:37 PM

Admitting Dr. ASHOK KUMAR VERMA Informed at 1:37 PM

Receptionist

Unit / Consultant DR ASHOK KUMAR VERMA

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

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 of Patient / Relative

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

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

Authorised Signatory



**OPD INITIAL ASSESSMENT**

41357

NAME BABY ANAYA AGE / SEX 2.67 years / Female DATE 09.7.2026 UHID 2600509

**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 -

B P -

Resp Rate -

Temp -

Ht / Wt -

SpO<sub>2</sub>

Investigations

Dietary Advice &  
Preventive Care

Follow up

**Chief Complaints**

BABY ANAYA, brought by her  
Parents, A/H/O oil burn, when  
accidentally fell into hot boiled oil pot.

Pain Score



While playing at home on 07.7.2026 9 hrs.

Initial treatment taken at locally, then brought to  
Vinayak Hospital. TBSA 22% to 28%.

**Treatment**

- 1. Sy. T.T.
- 2. Sy. Voltar lang.
- 3. iv. fluid. 25ml. 8 hrs/24
- 4. Sy. Ibuprofen 5ml qd
- 5. Sy. Polybren 5ml / 8 hrs/24

Adm. Adviced.

Dress: drape  
BABY Admitted ward 2R volume.

*[Signature]*



