





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 अजय अहय
ए गिगलस वेलफेयर आगना प्रजेसन
सी-63 वेसमिन्ट साउथ थम्स पार्क-2
नई दिल्ली- 49

विषय: - आपकी सहायता हेतु प्रार्थना पत्र।

भद्रदिन स्वनिर्णय निवेदन यह है कि मेरा नाम राधा है
मेरा निवास शंकरपुर धाना रमेश पार्क दिल्ली में स्थित है मेरा एक
बेटा है उसका नाम अंशु है उसका आयु 1 वर्ष का है मेरा बेटा
घर में रहते हुए गर्म हुआ उसके उपर गिर गया जिसके कारण
मेरा बेटा चल गया उसे मैं विनायक हॉस्पिटल लेकर गया वहाँ पर
उसके इलाज के लिए दो लाख पन्द्रह हजार रुपये का खर्च
लगाया गया जो कि यह खर्च उठाने में असमर्थ हूँ अतः आपसे
निवेदन यह है कि मेरा बेटा का सहायता प्रदान करें।

दिनांक = 8/05/26

आपकी आति कृपा होगी

बेटा का नाम = अंशु

आपका प्रावी

उम्र = 1 वर्ष

राधा

पता = शंकरपुर धाना रमेश पार्क
दिल्ली



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

Chief Complaints

above child care to casualty
 90% Seald burn injury over left upper limb, abdomen -

Pain Score

- Initial Assessment & Examination
- Pulse Rate - 134/m
- B P - NA
- Resp Rate - 32/m
- Temp - 38.1m
- Ht / Wt - 101.3cm
- SpO2
- Investigations 8.7kg

Treatment
 child accidentally fell on hot milk pot at home.

of 6 - baby casualty stable and intact
 9.52
 M L A / E I
 R L SF CNSNAD
 TRSA 25-30%

SpO2 97

Require admission - Admit under DR. A.K. VERMA for further treatment.

Dietary Advice & Preventive Care

Dr. TAZAR SWIV 12 hrs
 Dr. Ranta Darg 10 hourly
 Dr. RL @ 330/hw
 Exp. fants 1/2nd can 2m



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

