Ref. No.: FRR/Vinayak/1020/2025-26

Dated:22 .10.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Lakshita.
Sex: Female **Age:** 5 Years .
Father Name: Devender.
Address: Archna Enclave Khora Ghaziabad (U.P.).
Diagnosis: Approx 30% Thermal Burn.
Date of Admission: 21/10/2025

Overall Analysis: The patient - Baby Lakshita was brought in to our hospital by her father - Mr.Devender on 21st October 2025.The child has sustained thermal Burn Injury due to accidentally coming in contact with hot water while she was at home. Her mother was making food for her family, suddenly baby Lakshita 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 genital area, back area and leg area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 5 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 3 Weeks of treatment.

Funds - Hospital Stay	**46,000.00**
Funds - RMO, Nursing, Consultants & Specialists	**45,000.00**
Funds - Dressing & Procedures	**55,000.00**
Funds - Rehabilitation (Physiotheraphy)	**8,000.00**
Funds - Medicines + Consummables + Transfusions	**48,000.00**
Funds - Pathology & Diagnostics	**15,000.00**
Total (in numbers)	**217,000.00**
Total (in words):	**Two Lakh Seventeen 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	**217,000.00**
Stage 2	**3,000.00**
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 Lakshita.

VINAYAK HOSPITAL

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,
श्रीमान अध्यक्ष
ए. डिजिटल वेलफेयर ऑर्गेनाइजेशन
सी. 63 वेसमेन्ट साउथ एक्स पार्ट. 2
नई दिल्ली - 49

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम देवेन्द्र सिंह है। मेरा निवास अर्चना एन्क्लेव खोरा, गाजियाबाद, उत्तर प्रदेश में स्थित है। मेरी एक बेटी है। जिसका नाम लक्षिता है। उसकी आयु 6 वर्ष है। मेरी बेटी घर में खेल रही थी, तभी अचानक गर्म पानी के पतीले के संपर्क में आने के कारण जल गई है। जिसके कारण मैं उसे नोएडा के विनायक हॉस्पिटल लेकर गया और वहाँ पर उसके ईलाज के लिए दो लाख बीस हजार रूपये का खर्चा बताया गया है। जो कि मैं यह खर्चा उठाने में असमर्थ हूं। अतः मेरा आपसे निवेदन यह है कि मेरी बेटी को सहायता प्रदान करें।

आपकी अति कृपा होगी।

आपका प्रार्थी
देवेन्द्र सिंह।

Date :- 22/10/2025
बेटी का नाम :- लक्षिता
उम्र :- 6 वर्ष
पता :- अर्चना एन्क्लेव खोरा,
गाजियाबाद, उत्तर प्रदेश

VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. VH2501097

Room No. 201 Catagory .....

Date of Admission 21/10/25

Name BABY. LAKSHITA

S/o, D/o, W/o MR. DEVENDER SINGH

Occupation .....

Age 5 Y Sex f

Religion HINDU

Father's / Husband's Name MR. DEVENDER SINGH

Address ARCHANA ENCLAVE KHODA GHAZIYABAD U.P.

Phone : Office ..... Res. .....

Advance Receipt No. ..... Date .....

For Rs. .....

Name & Address of accopanying relative .....

.....

.....

Phone : Office ..... Res. .....

R.M.O. Dr. SAURABH PANDEY Informed at .....

Admitting Dr. A.K. VERMA Informed at .....

Nidhi

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 of Patient / Relative

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 .....

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

VINAYAK HOSPITAL

MLC NO - 388

BABY LAKSHITA
D/o MR. DEVENDER SINGH
UHID P2504647 IPD No. VH25
DOA 21/Oct/2025 18:52 201
DR. ASHOK KUMAR VERMA
GENERAL & LAP. SURGERY

27914

EMERGENCY ASSESSMENT

NAME BABY LAKSHITA AGE / SEX 5y/F DATE 21/10/2025 @ 6:15 Pm UHID P2504647.

Personal History
Alcohol / Smoking / Tobacco Chewing / other (-)
Allergy (-)
Past History (-)
Diabetes / HT / IHD / TB (-)
Other -
Menstrual History N/A
Current Medication -
Vaccination Status -

Chief Complaints

Pt - Brought to casualty by Father c/o A/h/o Burn Today 21/10/25, approx 3:30 Pm when child fell in bucket of Hot water playing at home.

Pain Score

O/E - Conscious, oriented, Afebrile, in Pain, Mild Dehydration, No Pallor, Icterus, Cynosis, clubbing, edema.

S/E: CVS - S1S2 (+) nt P/A - soft, BS (+) nt
CNS - conscious oriented R/S - B/L AE (+) nt.

Inital Assessment & Examination
Pulse Rate - 128 bPm
BP - N/A
Resp Rate - 26/min
Temp - 98.3'F
Ht / Wt - 10kg/101cm.
SPO2 - 97% @RA
Investigations
RBS - 141 mg/dL

Treatment

LE: • 2° Partial Thickness, Thermal scald Burn on:-
- Lower half of back
- B/L Buttocks.
- Left Thigh full circumference
- Right hip, medial aspct of Thigh.
- Full Perineal area

Rx Admit Pt. c Dr. A.K. verma (Gen surgeon).
- IVF RL/NS @ 500 ml in 8 hours → 500 ml in next 16 hours
- INJ. CEFTRIAXONE 250 mg IV 12 hrly (AST).
- INJ. AMIKACIN 75 mg IV 12 hrly.
- INJ PCM 150 mg IV 8 hrly
- INJ. RANITIDINE 10 mg IV 12 hrly.
- SYP. LCZ (0.25 mg/ml) 5 ml a Bedtime.

IAGE CODE
P1 ☐ RED
P2 ☑ YELLOW
P3 ☐ GREEN
P4 ☐ BLACK

Dietary Advise & Preventive Care
High protein diet
Total fluid intake

Follow up
Pt. Admitted.

Name & Sign Of Doctor

Dr. SAURABH KUMAR PANDEY
MBBS. Reg. No. 108112
VINAYAK HOSPITAL NOIDA