





Ref. No.: FRR/Vinayak/10026/2024-25

Dated: 27.01.2026

### PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Master Anuj.

**Sex:** Male **Age:** 5 Years .

**Father Name:** Sonu Kumar.

**Address:** Amarpur P.O Dankaur G.B. Nagar Uttar Pradesh (U.P.).

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

**Date of Admission:** 27/01/2026

**Overall Analysis:** The patient - Master Anuj was brought in to our hospital by his father - Mr. Sonu Kumar on 27th January 2026. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot water while he was at home. His mother was warming water for her family, suddenly Master Anuj came in 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 back area, legs area and genital 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                           | 56,000.00                            |
| Funds - RMO, Nursing, Consultants & Specialists | 52,000.00                            |
| Funds - Dressing & Procedures                   | 53,000.00                            |
| Funds - Rehabilitation (Physiotherapy)          | 4,000.00                             |
| Funds - Medicines + Consumables + Transfusions  | 47,000.00                            |
| Funds - Pathology & Diagnostics                 | 8,000.00                             |
| <b>Total (In numbers)</b>                       | <b>220,000.00</b>                    |
| <b>Total (In words):</b>                        | <b>Two Lakh Twenty Thousand Only</b> |

**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 | 5,000.00                           |
| Total (in numbers)                   | 5,000.00                           |
| Total (in words):                    | Five Thousand Only                 |
| Fund Requirement - TOTAL             |                                    |
| Stage 1                              | 220,000.00                         |
| Stage 2                              | 5,000.00                           |
| Total (in numbers)                   | 225,000.00                         |
| Total (in words)                     | Two Lakh Twenty Five Thousand Only |

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Mater Anuj.

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

AO/AD

स्नेहा मे,

श्रीमान अहमद

ए गिगलस वैल्यूएयर अगनरल्लिशन

सी-63 वेसमैन्ट हाउस एबल पार्क 2

नई दिल्ली - 49

विषय :- आपकी सहायता हेतु प्रार्थना पत्र

महोदय सविनय निवेदन यह है कि मेरा नाम सीतू है

मेरा निवास अमरपुर पीरु धनकौर गौतम बुद्ध नगर उत्तर प्रदेश में  
स्थित है मेरा एक बेटा है उसका नाम अनुज है। उसका आयु  
5 साल का है। मेरा बेटा घर में खेलते-खेलते अचानक घर में  
रखे गर्म पानी के टप में छिड़ गया जिसके कारण मेरा बेटा जल गया है।  
उसने बिनापन हॉस्पिटल लेकर गया और वहाँ पर उसके इलाज  
के लिए दो लाख पच्चीस हजार रुपये का खर्च लाताया गया जो कि  
मेरे यह खर्च उठाने में असमर्थ है अतः मेरा आपसे निवेदन  
यह है कि मेरा बेटा का सहायता प्रदान करें।

दिनांक = 27/1/2026

बेटे का नाम = अनुज

उम्र = 5 वर्ष

पता = अमरपुर पीरु धनकौर  
गौतम बुद्ध नगर उत्तर प्रदेश

आपकी आति कृपा होगी  
आपका प्रार्थी

सीतू



**VINAYAK  
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2501475  
Room No. 205 Category           
Date of Admission 27.1.2026



|                                                                                                                                                                        |                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| Name <u>MASTER ANUS</u>                                                                                                                                                | Unit / Consultant <u>ASHOK KUMAR VERMA</u>                       |
| S/o, D/o, W/o <u>SONU</u>                                                                                                                                              | Date of Discharge <u>        </u>                                |
| Occupation <u>        </u>                                                                                                                                             | Provisional Diagnosis <u>        </u>                            |
| Age <u>57</u> Sex <u>M</u>                                                                                                                                             | Final Diagnosis <u>        </u>                                  |
| Religion <u>HINDU</u>                                                                                                                                                  | Infectious nature of disease : <u>        </u> Yes/No            |
| Father's / Husband's Name <u>        </u>                                                                                                                              | Outcome : LAMA / Stable / Improved / Cured / Died                |
| Address <u>AMARRUR P.O. DANKUR</u>                                                                                                                                     | Death Record filled by Dr. <u>        </u>                       |
| <u>DIST. GAUTAM BUDDHANAGAR</u>                                                                                                                                        |                                                                  |
| Phone : Office <u>        </u> Res. <u>        </u>                                                                                                                    | <b>FOR DELIVERY CASE ONLY</b>                                    |
| Advance Receipt No. <u>        </u> Date <u>        </u>                                                                                                               | Date and Time of Delivery <u>        </u>                        |
| For Rs. <u>        </u>                                                                                                                                                | New Born : Male / Female <u>        </u>                         |
| Name & Address of accompanying relative <u>        </u>                                                                                                                | Birth record filled by Dr. <u>        </u>                       |
| Phone : Office <u>        </u> Res. <u>        </u>                                                                                                                    | Patient shifted from Room No. <u>        </u> to <u>        </u> |
| R.M.O. Dr. <u>REENA</u> Informed at <u>3:45 PM</u>                                                                                                                     | On <u>        </u>                                               |
| Admitting Dr. <u>ASHOK KUMAR VERMA</u> Informed at <u>3:45 PM</u>                                                                                                      | Shifted from Room No. <u>        </u> to <u>        </u>         |
| <u>VERMA</u> Receptionist                                                                                                                                              | On <u>        </u>                                               |
| 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. | Shifted from Room No. <u>        </u> to <u>        </u>         |
| 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.                                            | On <u>        </u>                                               |
| <u>Mubeen</u>                                                                                                                                                          |                                                                  |
| Signature of Patient / Relative                                                                                                                                        |                                                                  |

Discharge Date          Time          Bill No. / R.No.          Dated           
For Rs.          Received / Refundable after adjustment of advance Rs.         

Authorised Signatory



# VINAYAK HOSPITAL



MLC - done in GIMS  
Noida.

## EMERGENCY ASSESSMENT

NAME 28559 MASTER ANVI AGE / SEX 54 / M DATE 27/1/26 UHID P25061  
15:45 PM

### 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 - 141/min

BP - 100/60 mmHg

Resp Rate - 14/min

Temp - 98.6°F

Ht / Wt -

wt - 14 kg

Investigations

SpO<sub>2</sub> - 95%  
RBS 121

TRIAGE CODE  
P1 ☐ RED  
P2 ☒ YELLOW  
P3 ☐ GREEN  
P4 ☐ BLACK

Dietary Advise & Normal  
Preventive Care diet  
Protein Rich

Follow up

### Chief Complaints

Above pt. came to casualty with his parent  
with c/o - scald burn over  
both his lower limb +  
genitals + buttock on 27/1/26  
at 3 PM.

Pain Score



### Treatment

A/H/O - accidentally falling in hot water  
tub at home on 27/1/26 at 7 AM. at  
Anirupus, GB Nagar

O/E - Both lower limbs, genital, buttocks ha  
been burned = 30% of TBSA, G.C.B - se

S/E -  
S<sub>1</sub>, S<sub>2</sub> ⊕  
B/L A/E ⊕ clear  
PIA - left  
LNS - NAD

Admit to Dr. A.K. Verma

Rx  
ONJ. MONOCEF 300mg IV 12hrly  
ONJ. AMIKACIN 100mg IV 12hrly [AST]  
ONJ. PANTAL 40mg IV 2hrly  
ONJ. 9VF RL 1200ml in 2hrs  
SYP. FORTIS B 5ml P/O 2hrly  
REST AS ADVISED  
ONJ. T.T. 1amp IM → already given in GIMS  
ONJ. PCM 200mg IV 6hrs  
Name & Sign Of Doctor  
Dr. REENA JAIN  
FIBBS, RMO  
Regd. No. UPMC-106703  
VINAYAK HOSPITAL, NOIDA

Website : [www.vinayakhospitalnoida.com](http://www.vinayakhospitalnoida.com)  
VHEMERGENCY ASSESSMENT 2024



