



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

शेखा जी

श्री मन उद्योग

2 गिगलस लेबोरेटरी आगन्नाइ प्रेशन

2/1 63 लेसबीनट सानुस्य शबरा पार्क-2

नाई दिल्ली - 49

विषय :-

आपकी सहायता हेतु प्रार्थना पत्र !

महोदय सविनय निवेदन यह है कि मेरा नाम अंकित पांचाल है मेरा निवास गणेश चौक मीठल्ला हाकान ग्रीष्म खान्डा सहायपुर उत्तर प्रदेश में स्थित है मेरी एक बेटी है उसका नाम अविश्री पांचाल है उसकी आयु 4 वर्ष की है मेरी बेटी पर मैं रोज़े गर्भ जन्म के अन्दर फिर गई जिसके कारण मेरी बेटी जल्द गर्भ रूद्ध में विनायक संक्षिप्त लेबर गया वहाँ पर उसके जन्म के लिए ही बाल जाबिस रजा हमारे का खर्च लगाया गया है मैं यह खर्च उठाने में असमर्थ हूँ अतः आपसे निवेदन यह है कि मेरी बेटी का सहायता प्रदान करें।

दिनांक = 31/08/20

बेटी का नाम = अविश्री पांचाल

उम्र = 4 वर्ष

पता = सहायपुर उत्तर प्रदेश

आपकी आति कृपा होगी

आपका प्रार्थी

अंकित पांचाल

A Giggles Welfare



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 Unit / Consultant DR ASHOK KUMAR
S/o, D/o, W/o SONAM RANI

Occupation Date of Discharge

Age 4Y Sex Female Provisional Diagnosis

Religion HINDU Final Diagnosis

Father's / Husband's Name

Address GANESH CHOWK Infectious nature of disease : Yes/No

MAHALA TAKRI, SAHARANPUR Outcome : LAMA / Stable / Improved / Cured / Died

Phone : Office Res. Death Record filled by Dr.

Advance Receipt No. Date

FOR DELIVERY CASE ONLY

Name & Address of accompanying relative Date and Time of Delivery

..... New Born : Male / Female

..... Birth record filled by Dr.

Phone : Office Res.

R.M.O. Dr. Reema Informed at 6:40h Patient shifted from Room No. to

Admitting Dr. ASHOK VERMA Informed at 6:50h On

..... 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.

Sonam
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

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.

Pain Score



Treatment

Burn place covered and bed kept TBST-25-30.

C

Admit under
DR. Ashok Kumar
Venz

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 . ITI
- Drugs done & shifted to room.

Dietary Advice &
Preventive Care

Follow up



