





Ref. No.: FRR/Vinayak/10008/2026-27

Dated: 26.06.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Suresh.

Sex: Male **Age:** 8 Years.

Father Name: Paras Paswan.

Address: Ward Number 1 Belauncha, Madhubani, Bihar.

Diagnosis: Approx 45% Thermal Burn.

Date of Admission: 26/06/2026

Overall Analysis: The patient - Master Suresh was brought in to our hospital by his father - Mr. Paras Paswan on 26th June 26. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot oil while he was playing at home. His mother was making food for her family suddenly Master Suresh contacted with hot oil and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 45% TBSA Thermal Burn Injury. The Burns is on back area, face area, hands and legs areas. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 8 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	42,000.00
Funds - RMO, Nursing, Consultants & Specialists	52,000.00
Funds - Dressing & Procedures	57,000.00
Funds - Rehabilitation (Physiotherapy)	8,000.00
Funds - Medicines + Consumables + Transfusions	61,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	235,000.00
Total (in words):	Two Lakh Thirty Five 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		5,000.00
	Total (in numbers)	5,000.00
	Total (in words):	Five Thousand Only
Fund Requirement - TOTAL		
	Stage 1	235,000.00
	Stage 2	5,000.00
	Total (in numbers)	240,000.00
	Total (in words)	Two Lakh Forty Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Master Suresh .



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

AO/AD

स्वा. मे,

श्री मदन उद्योग
ए गिगलस वेलफेयर अठानासंघेशन
सी-63 बैसमिन्ट साउथ ट्यूस पार्स-2
नई दिल्ली - 49

विषय :-

आर्थिक सहायता हेतु प्रार्थना पत्र।
मैदाय सविनाथ निवेदन यह है कि मैरा नाम पारस पासवान है
मैरा निवास बैलाचा मधुबनी विहार में स्थित है मैरा एक बैला है
उसका नाम सुरेश कुमार है उसका आयु 8 वर्ष का है मैरा बैला
घर में रखे हुए गर्म तेल उसके उपर फिर गया जिसके
कारण मैरा बैला भल गया उसे मैं विनायक हॉस्पिटल लेकर गया
वहाँ पर उसके इलाज के लिए दो लाख चालीस हजार रुपये का
खर्चा लगाया गया है कि यह खर्च उठाने में असमर्थ हूँ
अतः आपसे निवेदन यह है कि मैरा बैला का सहायता
प्रदान करें।

दिनांक = 26/6/26
बैला का नाम = सुरेश कुमार
उम्र = 8 वर्ष
पता = बैलांचा विहार मधुबनी

आपकी आर्ति कृपा होगी
आपका प्रार्थी
पारस पासवान

41355

OPD INITIAL ASSESSMENT

NAME MASTER SURESH KUMAR AGE / SEX 8Y / Male DATE 26/06/2026 UHID VH2600418

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 96

B.P. -

Resp Rate -

Temp -

Ht / Wt -

SpO₂

Investigations

CBC SpO₂ 2

Left RFT

Left RFT

Mixed

Dietary Advice & Preventive Care

Follow up

Chief Complaints

above Patient Brought to Casualty
W/H / Deep Scald burn.

Pain Score



Incident occurred while the child playing
in home, accidentally slipped into the hot
boiling oil at home on 25/06/2026 8y and
initial treatment taken locally then brought to

Treatment

Vinayak Hospital for further management.

Tobsa 40% to 45% Admitted Regms -

Adv

Vy. Menef 50mg IV / 12H Prndy
dy. qmich. 15mg IV n/4h
dy. Parke 1/2 IV - 2
dy. Pen. 3. l.
dy. 1. Dageerel 1st 0.4 8/1h
dy. Ly - 5ml. 2y ay.
dy. 11. - - out
dy. Dyapal - 1ml IV.



Admitted on 26/06/2026
[Signature]





VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. VNA 600418
 Room No. 201 Category _____
 Date of Admission 26/8/26 10 AM



Name MASTER SURESH KUMAR
 ✓ S/o, D/o, W/o PARAS PASWAN
 Occupation _____
 Age 87 Sex M
 Religion HINDU
 Father's / Husband's Name PARAS PASWAN
 Address WARD - 01 BELAUNCHA
MADHUBANI, BIHAR
 Phone : Office _____ Res. _____
 Advance Receipt No. _____ Date _____
 For Rs. _____
 Name & Address of accompanying relative _____
 Phone : Office _____
 R.M.O. Dr. SK. BEHRA Informed at 10 AM
 Admitting Dr. AK VERMA Informed at 10 AM
Mishra
 Receptionist

Unit / Consultant DR ASHOK VERMA
D/S
 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.

22221
 Signature of Patient / Relative

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

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

Authorised Signatory

A Giggles Welfare Organisation

