
GAUGE THAN
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A Giggles Welfare Organsation

Ref. No.: FRR/Vinayak/10021/2026-27

Dated: 13.11.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Priyanshu Gupta.
Sex: Male **Age:**5 Years.
Mother Name: Kamal Gupta .
Address:RC -89 Vandana Enclave Khora Caloney Ghaziabad (U.P.).
Diagnosis: Approx 55% Thermal Burn.
Date of Admission: 12/11/2026

Overall Analysis: The patient - Master Priyanshu Gupta was brought in to our hospital by his father - Mr.Kamal Gupta on 12th November 2026.The child has sustained thermal Burn Injury due to accidentally coming in contact with fire while he was playing at home. His mother was making food for her family suddenly Master Priyanshu contacted with gas cylinder fire and burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 55% TBSA Thermal Burn Injury. The Burns is on hand area, back area,face area, and legs 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:



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Fund Requirement - During Hospital Stay

Please find below the detailed fund requirement for the first 3 Weeks of treatment.

Funds - Hospital Stay	**52,000.00**
Funds - RMO, Nursing, Consultants & Specialists	**55,000.00**
Funds - Dressing & Procedures	**58,000.00**
Funds - Rehabilitation (Physiotheraphy)	**8,000.00**
Funds - Medicines + Consummables + Transfusions	**62,000.00**
Funds - Pathology & Diagnostics	**12,000.00**
Total (in numbers)	**247,000.00**
Total (in words):	**Two Lakh Forty Seven 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	**247,000.00**
Stage 2	**3,000.00**
Total (in numbers)	**250,000.00**
Total (in words)	**Two Lakh Fifty Thousand Only**

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

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

A Giggles Welfare Organisation

सेवा में

श्री मान उपाध्यक्ष
ट्रिगल्स वेलफेयर आगनप्रवेशन
डी-63 बेसमेन्ट साउथ एक्स पार्ट-2
नई दिल्ली - 49

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम कमल गुप्ता है मेरा निवास खोरा कॉलोनी गाजियाबाद उत्तर प्रदेश में स्थित है मेरा एक बेटा है उसका नाम प्रियांशु गुप्ता है उसकी आयु 5 वर्ष का है मेरा बेटा घर में रखे हुए गैस सिलेंडर में आग लगने के कारण मेरा बेटा जल गया उसे मैं विनायक हॉस्पिटल लेकर गया वहाँ पर उसके इलाज के लिए दो लाख पचास हजार रुपये का खर्चा बताया गया जो कि यह खर्च उठाने में असमर्थ हूँ अत: आपसे निवेदय यह है कि मेरा बेटा का सहायता प्रदान करें।

दिनाक = 13/11/26
बेटा का नाम = प्रियांशु गुप्ता
उम्र = 5 वर्ष
पता = खोरा कॉलोनी गाजियाबाद
उत्तर प्रदेश

आपकी अति कृपा होगी
आपका आभारी
कमल गुप्ता

A Giggles Welfare Organisation

MLC- 3999

UHID- P2604658

VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. VH26o1321/26-27

Room No. ICU/10 Catagory

Date of Admission 12/11/26

Name MASTER PRIYANSHU GUPTA

S/o, D/o, W/o MR. KAMAL GUPTA

Occupation

Age 5Y Sex M

Religion HINDU

Father's / Husband's Name MR. KAMAL GUPTA

Address RC-89, VANDANA ENCLAVE, KHORA COLONY, GHAZIABAD, U.P

Phone : Office Res.

Advance Receipt No. Date 12/11/26

For Rs.

Name & Address of accopanying relative

Phone : Office Res.

R.M.O. Dr. HARI Informed at 8:06PM

Admitting Dr. ASHOK KUMAR VERMA Informed at 8:06PM

Radha
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

A Gandhian Welfare Organisation

VINAYAK HOSPITAL

(A Unit of Chaudhary Nursing Home Pvt. Ltd.)
NH-1, Sector-27, Atta, Noida-201301

NABH

EMERGENCY ASSESSMENT

31522 MLC No - 3999

NAME Mast. Priyanshu Gupta AGE / SEX 5 Yr/M DATE 12/11/24 UHID P260458

Personal History
Alcohol / Smoking / Tobacco Chewing / other

Allergy -

Past History

Diabetes / HT / IHD / TB

Other -

Menstrual History

Current Medication

Vaccination Status

Inital Assessment & Examination

Pulse Rate - 145/min
B P -
Resp Rate - 38/min
Temp - 98.8°F
Ht / Wt - 17 kg

Investigations

SPO2 - 97%

Chief Complaints

8:06PM

A 5Yr mast. brought to casualty with SOE c/o - burn injury H/O - Deep scald burn c TBSA ~ 50-55%. c/s - NAD c/s - BL - NAD P/A - Soft CNS - conscious H/O - Burn by cylinder fire

Treatment

Today ~ 7PM at Home
Involving area - BL upper limb BL lower limb neck, face
C/O - burn pain at burn site
Dr's - Admission, v/- Dr. Ashok Verma
- During in ICU
Rp Inj - TAZACT 1700 mg I.V. BD (100ml)
Inj - RANTAC 1/2 amp I.V. 12 hrly
Inj - DEXONA 2mg I.V. BD
Inj - ECORUP 50mg I.V. BD
Inj - PCM 20 ml I.V. SOS
Syp - LCZ - 3ml - 12 hrly
Syp - TBUGESIC - 5ml - 8 hrly
Inj - T.T 0.5ml I.M. - STAT

TRIAGE CODE
P1 RED
P2 YELLOW
P3 GREEN
P4 BLACK

Dietary Advise & Preventive Care

Follow up

Name & Sign Of Doctor

P.V.O

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