





Ref. No.: FRR/Vinayak/10059/2024-25

Dated: 05.02.2025

**PROFORMA INVOICE / FUND REQUISITION REPORT:**

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Baby Nidhi.

**Sex:** Female **Age:** 2 Years .

**Mother's Name:** Babita Kumari.

**Address:** Gaya Tankupa Bihar.

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

**Date of Admission:** 04/02/2025

**Overall Analysis:** The patient - Baby Nidhi was brought in to our hospital by her mother - Mr. Babita Kumari on 4th Feb 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 Nidhi contacted 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 abdomen area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 2 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	51,000.00
Funds - RMO, Nursing, Consultants & Specialists	52,000.00
Funds - Dressing & Procedures	43,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	57,000.00
Funds - Pathology & Diagnostics	8,000.00
<b>Total (In numbers)</b>	<b>215,000.00</b>
<b>Total (In words):</b>	<b>Two Lakh Fifteen Thousand Only</b>

**Fund Requirement - Follow Up**

Please find below the detailed fund requirement for Follow Up period of 1.5 Month Post Discharge.

<b>Funds - Follow Up Visits &amp; Dressings</b>		<b>5,000.00</b>
	<b>Total (in numbers)</b>	<b>5,000.00</b>
	<b>Total (in words):</b>	<b>Five Thousand Only</b>
<b>Fund Requirement - TOTAL</b>		
	<b>Stage 1</b>	<b>215,000.00</b>
	<b>Stage 2</b>	<b>5,000.00</b>
	<b>Total (in numbers)</b>	<b>220,000.00</b>
	<b>Total (in words)</b>	<b>Two Lakh Twenty Thousand Only</b>

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Baby Nidhi :



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

AO/AD

शेवा में

श्रीमान अद्यक्ष

डिलिफ शाप्टया ट्रस्ट

श्री-63 वेसमेंट शाप्टया ट्रस्ट पार्टी - 2

नई दिल्ली - 49

विषय - अर्थिक श्रयता हेतु प्रार्थना पत्र

शरिनय निवेदः थरु है, मेरा नाम बबिता है। मेरा  
निवारन श्रयान गया, बिदार है, मेरी बेटी का नाम  
निधि है वरु 2 वर्ष की है, वरु घर में शवल शरी थी  
पारन में शी गरम पानी शशा या अचानक वरु उस  
पानी में गिर गयी जिन वलरा शने लल गयी  
दिनांक 15-1-25 इशालिए अपनी बच्ची के  
विनायक डॉर-पीटल लेकर आई और दिनांक  
4-2-25 के वरु पर अती कशया, वरु पर  
उसके इलाज के लिए 2 लाख 20 हजार रूपये  
का शरु बतान गया, जो कि मैं थरु शरु  
उधर में अशमरु हूँ अतः आपसे निवेदन  
है मेरी बेटी के इलाज के लिए श्रयता  
प्रदान करे,

दिनांक

4-2-25

आपकी अतिकृपा होगी  
आपका शरु  
बबिता



19795

EMERGENCY ASSESSMENT

NAME BABY NIDHI AGE / SEX 2/F DATE 04.225 UHID 1931/24

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 -

B P - NA

Resp Rate -

Temp - 98.4

Ht / Wt - 4 / 7.2

Investigations  
97.  
PKS.

Chief Complaints

The above child came to casualty with mother c/o. Seald burn injury happened on 15/1/25 at shy at home (Hot water Burn) A/H/o - Seald burn injury on both lower limb = 30% TBSA

Treatment

O/E - Baby Crying in Pain, itching at Burn site.

Admit to DR. AK VERMA (Defans)

In. Monocel 200 iv 12hr

Dy. Amici 60 iv 12hr

Duf. RL @ 30ml for in the Burn.

Sy. Pem 5ml. T.D.S

Rest as advor

Name & Sign Of Doctor

Dr. (Maj Gen) S.K. PLAHA  
MBBS, MD, FAMS FGSI  
PGD - 5123

SR. CONSULTANT PHYSICIAN  
VINAYAK HOSPITAL, NOIDA  
Website : www.vinayakhospitalnoida.com

High Protein diet

Dietary Advise & Preventive Care



# VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 1931/24-25

Room No. 303 Category .....

Date of Admission 04.2.25



Name BABY NIDHI

Unit / Consultant DR. ASHOK KUMAR VERMA

~~S/o, D/o, W/o~~ BABITA KUMARI

Date of Discharge .....

Occupation .....

Age 27 Sex F

Provisional Diagnosis .....

Religion HINDU

Father's / Husband's Name .....

Final Diagnosis .....

Address TARIKUPA GAYA TARIKUPA

BIHAR - 824032

Infectious nature of disease : Yes/No

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

Outcome : LAMA / Stable / Improved / Cured / Died

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

Death Record filled by Dr. ....

For Rs. ....

**FOR DELIVERY CASE ONLY**

Name & Address of accompanying relative .....

Date and Time of Delivery .....

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

New Born : Male / Female .....

Birth record filled by Dr. ....

R.M.O. Dr. REKHA Informed at 15.30hr

Patient shifted from Room No. .... to .....

Admitting Dr. ASHOK KUMAR VERMA Informed at 15.30hr

On .....

Adar  
Receptionist

Shifted from Room No. .... to .....

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.

On .....

Shifted from Room No. .... to .....

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 .....

Signature of Patient / Relative

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

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

Authorized Signatory

