



Ref. No.: FRR/Vinayak/10056/2024-25

Dated: 07.01.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Arman.

Sex: Male **Age:** 3 Years .

Father Name: Maksud.

Address: Village. Barula Uttar Pradesh (U.P.).

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 06/01/2025

Overall Analysis: The patient - Master Arman was brought in to our hospital by his father - Mr.Maksud on 06th January 2025. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot water while he was at home, suddenly master Arman 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 3 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	46,000.00
Funds - RMO, Nursing, Consultants & Specialists	52,000.00
Funds - Dressing & Procedures	58,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	47,000.00
Funds - Pathology & Diagnostics	8,000.00
Total (In numbers)	215,000.00
Total (In words):	Two Lakh Fifteen 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	215,000.00
	Stage 2	5,000.00
	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 Mater Arman .



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

शिल्पि इण्डिया टूर-2

श्री-63 वेसमेंट शोध संकन पार्क - 2

नई-दिल्ली-49

विषय - अर्थिक शहायता हेतु प्रार्थना पत्र

महोदय अविनय निवेदन यह है कि मेरा नाम मकसूद है मेरा निवास बरौला गाँव, नोएडा है। मेरे बेटे का नाम अरमान है वह 3 वर्ष का है वह घर में खेल रहा था पार्क में ही गरम पानी रखा था अचानक वह गिर गया फिर बजड़ा खेल गया बच्चे के इलाज के लिए नोएडा के विनायक डॉ. स्पीटल लेकर आये दिनांक 6-1-25 को यह पर अर्जी कराया वहाँ पर उसके इलाज के लिए शलाख 20 हजार रुपये का खर्चा लगाया गया जो कि मैं यह खर्चा उठाने में असमर्थ हूँ अतः आप से निवेदन है कि मेरे बच्चे के इलाज के लिए शहायता प्रदान करें।

दिनांक
6-1-25

बेटे का नाम - अरमान

उम्र - 3 वर्ष

पता - गाँव बरौला, नोएडा

आपकी अनिकृपा होगी

आपका प्रार्थी

मकसूद



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 1766/24-25
 Room No. 203 Category
 Date of Admission 06/1/25



Name MASTER ARMAN
 S/o, ~~Da. No~~ MR. MAKSUD
 Occupation
 Age 3y Sex Male
 Religion Muslim.
 Father's / Husband's Name MAKSUD, Village. BARUA
 Address NOIDA.

Unit / Consultant DR. ASHOK KUMAR VERMA

Phone : Office Res.
 Advance Receipt No. Date 06/1/2025

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 Rs.
 Name & Address of accompanying relative

FOR DELIVERY CASE ONLY
 Date and Time of Delivery
 New Born : Male / Female
 Birth record filled by Dr.

Phone : Office Res.
 R.M.O. Dr. SK. BEHERA informed at 1.45 PM
 Admitting Dr. ASHOK KUMAR VERMA informed at 1.45 PM
Arav
 Receptionist

Patient shifted from Room No. to
 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.
Arav
 Signature of Patient / Relative

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

Authorised Signatory



19795

EMERGENCY ASSESSMENT

NAME MASTER ARMAN AGE / SEX 3 / Male DATE 06/1/2025 UHID

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 - 128

B P -

Resp Rate - 26/1a

Temp -

Ht / Wt - 98.20F

Investigations

Stu2 97%

RBS 96%

High Bsns
Drw

Chief Complaints

Master Arman brought to Casualty by his father, for Management of Brain Injury on 20/12/2024 at Home, while taking bath. Brain injury occurred by fallwater. Patient managed locally doctors initially, then brought to Vinayak Hospital for further

Treatment

Managed - Dress alone and patient shifted to Brain ward, Dr. Ashok Kumar Verma Impend. Rx

1. Inj. F7.
2. Syln. Dbugene Plus 5ml.
3. R. 150ml. for then / return.
4. Inj. Moray 500mg IV 2hrs
5. Inj. Arday 15ml. IV 12hrs

Dietary Advise & Preventive Care

Name & Sign Of Doctor

VINAYAK HOSPITAL
NOIDA
NABH, SEC-27

