



Ref. No.: FRR/Vinayak/10061/2024-25

Dated: 05.03.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Alfaiz.

Sex: Male **Age:** 6 Years .

Father Name: Kadir.

Address: D 633 Jaitpur Extension Part -2 Badarpur Delhl.

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 04/03/2025

Overall Analysis: The patient - Master Alfaiz was brought in to our hospital by his father - Mr.Kadir on 4th March 2025.The child has sustained thermal Burn Injury due to accidentally coming in contact with fire while he was outside at home. Some kids was playing with garbage and lit it with fire, suddenly Master Alfaiz contacted with that fire and got burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 35% TBSA Thermal Burn Injury. The Burns is on back area, legs area and genital areas. The nature of injury is life threatening and requires considerable degree of specialist Intervention and close monitoring. The patient is a child of 6 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	42,000.00
Funds - RMO, Nursing, Consultants & Specialists	42,000.00
Funds - Dressing & Procedures	41,000.00
Funds - Rehabilitation (Physiotheraphy)	3,000.00
Funds - Medicines + Consummables + Transfusions	46,000.00
Funds - Pathology & Diagnostics	8,000.00
Total (in numbers)	182,000.00
Total (in words):	One Lakh Eighty Two 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	182,000.00
	Stage 2	3,000.00
	Total (in numbers)	185,000.00
	Total (in words)	One Lakh Eighty Five Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Mater Alfaiz .:



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

AO/AD

सेवा में

श्रीमान अद्यक्ष

दिल्लिफ इण्डिया ट्रस्ट

सी-63 बेशमेन्ट शाउथ स्करन पार्क-2

नई-दिल्ली-49

विषय-आर्थिक सहायता हेतु प्रार्थना पत्र

अविनय निवेदन यह है, मेरा नाम मोहम्मद कादीर है मेरा निवास स्थान जेतपुर, दक्षिण दिल्ली है मेरे बेटे का नाम अल्फैल है, वह 6 साल का है वह घर के बाहर कूड़ा खा या बच्चा वहाँ खेलने के लिए कूड़े में आग लगा दी और वहाँ आग उसके कपड़े में आग पकड़ ली जिसकी वजह से वह जल गया बच्चे के इलाज के लिए मैं मोहड़ा के विनायक हॉस्पिटल लेकर आया और दिनांक 4-3-25 के अहाँ पर भर्ती कराया वहाँ पर बच्चे के इलाज के लिए 1 लाख 85 हजार रुपये का खर्चा बताया गया जो कि मैं यह खर्च उठाने में असमर्थ हूँ अतः आपसे निवेदन है मेरे बेटे के इलाज के लिए सहायता प्रदान करें

दिनांक
4-3-25

आपकी अतिकृपा होगी
आपका प्रार्थी
मोहम्मद कादीर

T-RAJAN

MLC NO- 3811

UHID-20244



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2091/24-25

Room No. 201 Catagory

Date of Admission 04/03/25



Name MASTER ALFAIZ

S/o, D/o, W/o MOHD. KADIR

Occupation

Age 6Y Sex M

Religion MUSLIM

Father's / Husband's Name

Address D-633 JAIPUR EXTN
PART-2 BADARPUR

Phone : Office Res.

Advance Receipt No. Date 04/03/25

For Rs.

Name & Address of accopying relative

Phone : Office Res.

R.M.O. Dr. REKHA Informed at 15:16PM

Admitting Dr. ASHOK KUMAR VERMA Informed at 15:16PM

Aarav
Receptionist

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

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.

MOHD Kadir
Signature of Patient / Relative

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

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

Authorised Signatory



25818

EMERGENCY ASSESSMENT

MLE No - 3811

ME MASTER ALFAIZ AGE / SEX 06yrs 0m / M DATE 01/3/2025 UHID 202411

Personal History
Alcohol / Smoking / Tobacco
Diet / other
Allergy
Past History
Hypertension / HT / IHD / TB
Diabetes
Family History
Current Medication
Vaccination Status

Chief Complaints

13:16 hrs

The above child is a case of
Deep thermal burn

Total Body Surface area
involved - 35%

Areas affected are

Both thighs medial aspect
with genitalia

Date of burn - 24/01/2025

Physical Assessment &
Vital Signs
Pulse Rate - 160/min
Respiratory Rate - 20/min
Temp - 98.6°F
Wt - 16.5kg
SpO2 - 96%

Treatment

Child was being treated in
Safdarjung hospital burn OPD with
dressing, antibiotic and physiotherapy

On Exam - child isafe stable
vitals as noted

decat areas thigh & genitalia region
is ozing clear fluid. no purpura

Chest / RAD

Investigations
CBC
viral marker
- left
- urine
- cpe
High protein diet
Advise & preventive care

Admit
Dr AK Verma

Rx A/S dressing done

- SyP Ibuprofen } ITSF shirly
- SyP Acyclovir }

- OMS injectables to be given as per order
of consultant.

Round 201
P1 ORANGE
P2 YELLOW
P3 GREEN

Name & Sign Of Doctor
Dr. AK Verma

