





Ref. No.: FRR/Vinayak/10063/2024-25

Dated: 31.03.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Anabiya.

Sex: Female **Age:** 1 Year .

Father Name: Saddam.

Address:Jewar Village Gautam Buddh Nagar (U.P).

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 30/03/2025

Overall Analysis: The patient - Baby Anabiya - was brought in to our hospital by her father - Mr.Saddam on 30th March 2025.The child has sustained thermal Burn Injury due to accidentally coming in contact with hot tea while she was at home. Her mother was making tea for her family, suddenly baby Anabiya contacted with hot tea 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 face area,legs area and hand areas. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 1 year , 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	45,000.00
Funds - RMO, Nursing, Consultants & Specialists	52,000.00
Funds - Dressing & Procedures	38,000.00
Funds - Rehabilitation (Physiotherapy)	1,000.00
Funds - Medicines + Consumables + Transfusions	44,000.00
Funds - Pathology & Diagnostics	5,000.00
Total (in numbers)	185,000.00
Total (in words):	One Lakh Eighty 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	185,000.00
	Stage 2	5,000.00
	Total (in numbers)	190,000.00
	Total (in words)	One Lakh Ninety Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Baby Anabiya .



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

श्रीमन् आइएच

डिप्टी डाक्टर

सी-63 वेस्टमेंट साउथ स्कूल पार्क - 2
नई दिल्ली - 49

विषय-आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय

शुक्रवार निवेदन यह है मेरा नाम सददाम है
मेरा निवास स्थान जेवर उत्तर प्रदेश में स्थित
है मेरी स्त्री बेटी है, जिसका नाम अनारिया है जिसकी
आय 1 वर्ष की है मेरी बेटी घर में खेल रही थी
पाथ के सम्पर्क में आकर ललगायी उसके इलाज
के लिए मैं 32 नोएडा के विनायक हॉस्पिटल
लोक गया और दिनांक 30-3-25 को वहाँ पर
अर्धी कराया, वहाँ पर उसके इलाज के लिए
1 लाख 90 हजार रुपये का खर्चा बताया गया
जो कि मैं बहुत खर्च उठाने में असमर्थ हूँ अतः
आपसे निवेदन है मेरी बेटी के इलाज के
लिए सहायता प्रदान करें

दिनांक

30-3-25

आपकी अतिभ्रुपाक्षी

आपका प्रार्थी

सददाम



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt Ltd.

MLC No. 3817
VII No. 2172/24, 25
Room No. 202 Category
Date of Admission 30/3/25



Name BABY ANABIYA
 S/o, D/o, W/o MR. SADDAM
 Occupation
 Age 1 YRS Sex F
 Religion MULLIM
 Father's / Husband's Name
 Address JEWAR UP
 Phone : Office Res
 Advance Receipt No. Date
 For Rs.
 Name & Address of accompanying relative
 Phone : Office Res
 R.M.O. Dr. REKHA Informed at 12.30
 Admitting Dr. ANIL KUMAR VERMA Informed at 12.45
Chony
 Receptionist

Unit / Consultant
 Date of Discharge
 Provisional Diagnosis
 Final Diagnosis
 Infectious nature of disease : Yes/No
 Outcome : LAMA / Stable / Improved / Cured / Dies
 Death Record filed by Dr.

FOR DELIVERY CASE ONLY

Date and Time of Delivery
 New Born : Male / Female
 Birth record filed 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.

Sadda Khatun

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 BABY ANABIA AGE / SEX 17 / F DATE 30/3/25 UHID 20581

Chief Complaints

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 - 137/m

B.P. -

Resp Rate - 29/m

Temp - 102. F

Ht / Wt -

07kg.
SpO2 96%.

RBS. 7mm

- CBC

- KFT

- ESR

Ubu \leftarrow \leftarrow

highly positive result.

Treatment

Admit under Areas Involved - face, right hand
DR. AK. VERMA. Rt thigh (Approx 30%)
Deep burn on hand..

Rx.

- Dressing done and sent to the ward.
- treatment of child to be started as per advice of Consultant.
- 1. Antibiotics + IV. Flay.
- 2. Sy. 1 bugebic - 1 TSP 8 hourly
- 3. Broad feap to Contnu.

[Signature]
30/3/25

