





Ref. No.: FRR/Vinayak/10064/2024-25

Dated:08 .04.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Kavya.

Sex: Female **Age:** 3 Years .

Father Name: Ram Kumar.

Address: Rasoolpur Bulandsharh(U.P).

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 07/04/2025

Overall Analysis: The patient - Baby Kavya was brought in to our hospital by her father - Mr. Ram Kumar on 07th 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 Kavya contacted with hot tea 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 chest area and hand 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 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	43,000.00
Funds - RMO, Nursing, Consultants & Specialists	46,000.00
Funds - Dressing & Procedures	34,000.00
Funds - Rehabilitation (Physiotherapy)	1,000.00
Funds - Medicines + Consumables + Transfusions	41,000.00
Funds - Pathology & Diagnostics	5,000.00
Total (in numbers)	170,000.00
Total (in words):	One Lakh Seventy 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	170,000.00
Stage 2	5,000.00
Total (in numbers)	175,000.00
Total (in words)	One Lakh Seventy Five Thousand Only

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



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 अध्यात्म

सिनिफ इण्डिया ट्रस्ट

रही - 63 वेस्टमेंट शाउथ शहरनपार्ट - 2

नई दिल्ली - 49

विषय - अर्थिक सहायता हेतु प्रार्थना पत्र

महोदय

प्रतिभा निवेदन यह है मेरा नाम रामकुमार है, मेरा निवास स्थान बुलंदशहर में स्थित है, मेरी एक बेटी है, जिसका नाम काव्या है, आयु 3 वर्ष की है। मेरी बेटी घर में रहती रही थी चाय के बर्तन से खेल कर लगने से लग गयी उसके इलाज के लिए मैं उसके नोएडा के विनायक डॉ. पीटल लेकर गया और दिनांक 7/5/25 को वहाँ पर भर्ती कराया, वहाँ पर उसके इलाज के लिए 1 लाख 75 हजार रुपये का शुल्क बताया गया, जो कि मैं यह शुल्क उठाने में असमर्थ हूँ अतः आपसे निवेदन है मेरी बेटी के इलाज के लिए सहायता प्रदान करें

आपकी आतिथ्य होगी

आपका प्रार्थी

रामकुमार

दिनांक
7/5/25


**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. V112500043

Room No. 202 Category

Date of Admission 07/04/25



Name BABY KAVYA

S/o, D/o W/o MR. RAMKUMAR

Occupation

Age 3Y Sex F

Religion HINDU

Father's / Husband's Name

Address SHAFI PUR KALAM, RASOOL PUR

TITHALI, RASHOL, BULANDSHAHAR UP

Phone : Office Res.

Advance Receipt No. Date 07/04/25

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. S.K. BEHERA Informed at 14:11PM

Admitting Dr. ASHOK KUMAR VERMA Informed at 14:11PM

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

NH-1, Sector-27, Atta, Noida-201301

Tel. No. : 0120-4504400, 2444222, 2444333 / Website : www.vinayakhospitalnoida.com



VINAYAK HOSPITAL

Baby Kavya
D/o Mr. Ram Kumar
HIP P2500244

3 Y/F

Reg No. VH2500043 I.



26186

EMERGENCY ASSESSMENT

NAME Kavya AGE / SEX 3 Y/F DATE 7.12.15 UHID

Personal History
Alcohol / Smoking / Tobacco
Chewing / other
Allergy
Past History
Diabetes / HT / IHD / TB
OTHER
Menstrual History
Current Medication
Vaccination Status

Chief Complaints

11:5 PM
M/O Buren with hot pot & tea the pot was near by and the child fell on the pot and sustained burn 3 months back at
hxs — ① RT Arm 5%
② LT Arm, axilla, fore arm and chest covering 30%
manary at

Treatment

1st - Buland bahu
brought now by father.
Mob. 6397069123
Initial I was oil Biltan 36%
and lake 2 with Dr PINEY'S
chimol. Total burn 35%.

Initial Assessment & Examination

Pulse Rate - 127/m

B P - -

Resp Rate - 28/m

Temp - 38.4 F

Ht / Wt - 86cm / 10kg

SPO2 96%

Investigations

RBS 116 mg/dl

Spoken to
A K Verma

Dietary Advise & Preventive Care

202

TRIAGE CARD
P1 ☐ RED
P2 ☐ YELLOW
P3 ☐ GREEN
P4 ☐ BLUE

DR A K Verma

Name & Sign Of Doctor

DR S.K. BEHERA
CCMO
DMC
VINAYAK HOSPITAL NOIDA

