



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.



Fund Requirement - During Hospital Stay

Please find below the detailed fund requirement for the first 3 Weeks of treatment.

T	otal (in words):	One Lakh Seventy Thousand Only
To	otal (in numbers)	170,000.00
Funds - Pathology & Diagnostics		5,000.00
Funds - Medicines + Consummables + Transfusions		41,000.00
Funds - Rehabillitation (Physiotheraphy)		1,000.00
Funds - Dressing & Procedures		34,000.00
Funds - RMO, Nursing, Consultants & Specialists		46,000.00
Funds - Hospital Stay		43,000.00

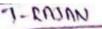
Fund Requirement - Follow Up	ļ
Please find below the detailed fund requirement for Follow Up period of 1.	5 Month Post Discharge.
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Funds - Follow Up Visits & Dressings	5,000.00
Total (in numbers)	5,000.00
Total (in wor	ds): Five Thousand Only
Fund Requirement - 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
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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)

श्नेता में श्रीमन अद्यही शिलिफ इण्डिया इश्-ट 2म- 63 वेशनेमेन्ट २माउथ श्यारमपार- २ ots 12001-49 विषय-अधिकः श्नरायता हेत् प्राधिना पत्र मर् ४ श्राविनाय निर्वेदन थर् है मेराजाम शामुक्तमा २ है, मेरा मियारन क्याम जुलद्शहर में हिन्यत है, मेरी यम लेटी है, जिस्तानाम क्रांट्या है, आयु 3 वर्ष सी है। मेरी मेरी रार में रवैन रही भी -पायके वरीन २ में क्षेकर जाती श्री दिन दाता ग्रायी 22न इलाय के लिए में 3री जो एडा के विमायक E12-4/201 0000 214/25 कै वर्षे पर भरी करामा, वर्षे पर उसके डलाज में सिए। त्यार्वं 75 हतार रूपयं का श्वन्पी बराया गया, तो कि में यह श्वरी उठाई में अस्तमर्थी हूँ अतं : आपरमें निवेदन हैं मेरी मेरी के डिजाज के जिए शरायता मदान के Suit 25 आपरी अतिमपं द्रांगी 341421 4121 2142412





VH No. V1125 00043

Room No. 202 Catagory



A Unit of Chaudhary Nursing Home Pvt. Ltd.

Date of Admission ... D7/04/21

Name BHBY KAVYA	Unit / Consultant DR. ASHOR KUMAR VERMA	
SO DO WO MR. RAMKUMAR	Company - Live Little For For the Market III	
Occupation	Date of Discharge	
Age 37 Sex F		
Religion HINDU	Provisional Diagnosis	
Father's / Husband's Name	The second secon	
ASSTORS SHAVIFUR KALAN RASDOLPUR	Final Diagnosis	
RTHAULI RASHOL BULANDSHAHR UP		
Phone : Office	Infectious nature of disease Yes/No	
Advance Receipt No	Outcome : LAMA / Stable / Improved / Cured / Died  Death Record filled by Dr.	
For Rs.		
Name & Address of accopanying relative	FOR DELIVERY CASE ONLY	
	Date and Time of Delivery	
	New Born : Male / Female	
Phone : Office	Birth record filled by Dr.	
RMO Dr. S.K. BEHERA Informed at 14:11PM	Patient shifted from Room No to	
Admitting Dr. ASHOK, KUMAR Informed at 14:11PM	On	
VERMA Agrav		
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	On	
and I agree to make all payments before discharge.	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	On	
theft if any		
Papikorar		
Signature of Patient / Relative		

Authorised Signatory



Baby Kavya

(A Un D/o Mr.RamKumar

OHID P2500244

Reg No. VH2500043 I.)



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NH-1, Sector-27, Atta, Nolda-201301 / Helpline: 0120-2444222, 2444333 /Mobile: +91 9911286222 / Website: www.vinayakhospitalnolda.com			

