





Ref. No.: FRR/Vinayak/1004/2025-26

Dated: 27.04.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Azan.

Sex: Male **Age:** 1 Year 9 Months.

Father Name: Irfan

Address: Nithari Sector 31 Noida(U.P.).

Diagnosis: Approx. 45% Thermal Burn.

Date of Admission: 27/04/2025

Overall Analysis: The patient - Master Azan - was brought in to our hospital by his father - Mr. Irfan on 27th April 2025. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot rice water while he was playing at home. His mother was making food for her family suddenly Master Azan contacted with hot rice water and burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 45% TBSA Thermal Burn Injury. The Burns is on back area, face area, hands area and chest area. 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 9 months, 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	52,000.00
Funds - RMO, Nursing, Consultants & Specialists	58,000.00
Funds - Dressing & Procedures	51,000.00
Funds - Rehabilitation (Physiotherapy)	5,000.00
Funds - Medicines + Consumables + Transfusions	56,000.00
Funds - Pathology & Diagnostics	7,000.00
Total (In numbers)	229,000.00
Total (In words):	Two Lakh Twenty Nine 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	6,000.00
Total (in numbers)	6,000.00
Total (in words):	Six Thousand Only
Fund Requirement - TOTAL	
Stage 1	229,000.00
Stage 2	6,000.00
Total (in numbers)	235,000.00
Total (in words)	Two Thirty Five Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Master Azan .



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

AO/AD

शेरा मे

श्रीमन् अदभुत

शिलिफ़ डाउडा ट्रस्ट

सी-63 वेस्मेमेन्ट शाउभ समस्त फॉरे-2

नई दिल्ली

विषय-आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय

सविनय निवेदन यह है, मेरा नाम इरफान है
मेरा निवास स्थान शेक्टर 31, मोहड़ा है मेरे
बेटे का नाम अब्बास है। वह 1 साल 9 महीने का है।
वह घर में खेल रहा था अचानक चाबल के
धानी से लल गया और लल रहा तो उसके इलाज
के लिए मे मोहड़ा के बिनायक होस्पिटल लेकर
आया और दिनांक 27-4-25 के यह पर
अर्थिक रूप से वहाँ पर मेरे वजह से इलाज के लिए
रुलाकर 35 हजार रुपये का खर्च 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
27-4-25

आपकी आभारपूर्वक
अपना प्रार्थी
इरफान



**VINAYAK
HOSPITAL**

MLC NO. 3834



EMERGENCY ASSESSMENT

26381

NAME Matter Azam AGE / SEX 17/9m/M DATE 27/04/25 UHID @ 8:15 pm

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 bpm

B P -

Resp Rate - 28 bpm

Temp -

Ht / Wt -

Wt = 10 kg

Investigations

SpO2 - 96% on RA

o/e - irritable

ans 2/2
ans 2/2
oriental

RLS - MLAB
p/vt soft as

Dietary Advice & Preventive Care

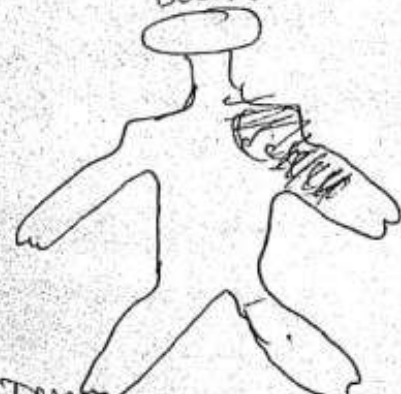
Diet as
advised

Chief Complaints

A 179m old male baby patient brought to the casualty & A/m/o. Scalded Burn d/t Hot Rice water while baby fell in Hot cooking Rice water at his home. while his mother cooked food. at around 7:00pm Near Cui no. 5 Nitham Sree-34 Noida, UP.

A Superficial to Deep scalded Burn

TBSA 90-95%
e/o. Pain & Bumping sensation over Burn Area.
GIF Burn over Anterior thorax,
(Front) Face, B/L U/L Scapular Region
Back.



Dressing has been done
+ Methyl + Cox jelly 2%
advised & Dr. AK, Vener,

Name & Sign Of Doctor

PTO.

MLC No-3834

T. RAJAN

UH#D-P2500739


**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2500145/25-26

Room No. ~~100~~ Catagory 201

Date of Admission 27/04/25



Name MASTER, AZAN

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

Occupation

Age 1.9 yrs Sex M

Religion MUSLIM

Father's / Husband's Name

Address NITHARI SEC-31

NOIDA U.P.

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. ASIF Informed at 8:28

Admitting Dr. ASHOK KUMAR VERMA Informed at 8:28

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



