

Ref. No.: FRR/Vinayak/1025/2025-26

Dated: 16.01.2026

## PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Baby Tanisha .

**Sex:** Female **Age:** 7 Years 8 months.

**Father Name:** Tushar Mandal.

**Address:** House number 235 Sarfabad Village Noida (U.P.).

**Diagnosis:** Approx 40% Thermal Burn.

**Date of Admission:** 26/12/2025

**Overall Analysis:** The patient - Baby Tanisha was brought in to our hospital by her father - Mr.Tushar Madal on 26th December 2025. The child has sustained Thermal Burn Injury due to accidentally coming in contact with lamp fire while she was at home. She was lamp burning at home, suddenly Baby Tanisha contact with fire from that lamp fire and she got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 40% TBSA Thermal Burn Injury. The Burns is on hand area, abdomen area, thighs and leg area . The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 7 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	53,000.00
Funds - RMO, Nursing, Consultants & Specialists	52,000.00
Funds - Dressing & Procedures	49,000.00
Funds - Rehabilitation (Physiotherapy)	8,000.00
Funds - Medicines + Consumables + Transfusions	51,000.00
Funds - Pathology & Diagnostics	15,000.00
<b>Total (in numbers)</b>	<b>228,000.00</b>
<b>Total (in words):</b>	<b>Two Lakh Twenty Eight Thousand Only</b>

**Fund Requirement - Follow Up**

Please find below the detailed fund requirement for Follow Up period of 1.5 Month Post Discharge.

<b>Funds - Follow Up Visits &amp; Dressings</b>		<b>2,000.00</b>
	<b>Total (in numbers)</b>	<b>2,000.00</b>
	<b>Total (in words):</b>	<b>Two Thousand Only</b>
<b>Fund Requirement - TOTAL</b>		
	<b>Stage 1</b>	<b>228,000.00</b>
	<b>Stage 2</b>	<b>2,000.00</b>
	<b>Total (in numbers)</b>	<b>230,000.00</b>
	<b>Total (in words)</b>	<b>Two Lakh Thirty Thousand Only</b>

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



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

AO/AD



# SABKASHAHYOGGA FOUNDATION

सेवा में,

श्रीमान प्रबंधक  
सबका सहयोग फाउंडेशन  
मेरठ - बदायूं रोड़, शिकारपुर बुल-देवरा

विषय - छात्रिक सहायता हेतु प्रार्थना पत्र  
प्रबोध, निवेदन यह है, कि मेरा नाम तुषार मेडल है, मेरा  
निवास - शरफाबाद, नोएडा, गौतमबुद्ध नगर उपखण्ड के स्थित है।  
मेरी एक बेटी है, जिसका नाम तनिषा है, उसकी आयु  
7 साल है। मेरी बेटी घर में दीया जला रही थी  
तभी अचानक दीये से उसके कपड़े में आग लगने  
की वजह से जल गई है। जिसके कारण मैं उसे  
नोएडा के विनायक हॉस्पिटल लेकर गया और वहाँ  
पर उसके इलाज के लिए दो लाख बीस हजार का  
खर्च बतया है। जो कि मैं यह खर्च उठाने में  
असमर्थ हूँ। अतः मेरा आपसे निवेदन यह है कि  
मेरी बेटी के इलाज में सहायता प्रदान करें।  
आपकी अति कृपा होगी।

दिनांक

बेटी का नाम - तनिषा  
उम्र - 7 साल  
पता - शरफाबाद, नोएडा  
गौतमबुद्ध नगर  
उत्तर प्रदेश

प्रार्थी  
तुषार मेडल  
तुषार





28479

ACC-3899

## EMERGENCY ASSESSMENT

done in vinayak hospital

NAME TANISHA MANDAL AGE / SEX 7/F DATE 16/11/25 UHID P1505640

### Personal History

Alcohol / Smoking / Tobacco  
Chewing / other

### Allergy

### Past History

← all now →  
Diabetes / HT / IHD / TB

### Other

### Menstrual History

### Current Medication

### Vaccination Status

### Initial Assessment & Examination

Pulse Rate - 144/min

B P - 110/80 mmHg

Resp Rate - 26/min

Temp - 98.6 F

Ht / Wt - 23kg

RBS - 131 mg/dL

### Investigations

As advised

### Chief Complaints

12:34 PM

Abuse child came to casualty with C/O -

burn injury over half abdomen, left and right high anterior and lateral, left and right upper arm.

Pain Score



A/H/O Burn injury happened on 22 sept 2025 at home in Newatari nearon while

Treatment lighting a diya she ~~catches~~ caught fire in her clothes and burnt herself leading to 35-40% TBSA burn.

O/E - Baby looks stable, in pain, she wound looks infectious.

S/C - S, S, (+)  
BIL A/C @ Chan  
PIA - soft  
W1 - NAD

Admit ↓ Dr. A.K. Verma

TRIAGE CODE  
P1  RED  
P2  YELLOW  
P3  GREEN  
P4  BLACK

### Dietary Advise & Preventive Care

High Protein diet

### Follow up

Rx:  
5ml. AMIKALIN 170mg IV 12hrly  
5ml. MONOCEF 600mg IV 12hrly (AST)  
5ml. RAN-LAC/PANTOP 20mg IV 2hrly  
5ml. RL @ 60ml/hr 2hrly  
5ml. NEOMOL 170mg  
REST AS PER ADVICE  
5ml. GEMCET 4mg IV (SOS)

Name & Sign Of Doctor  
Dr. REENA SAIN  
RMO  
Regd No. UPMG-18ETG3  
VINAYAK HOSPITAL, NOIDA.  
Website: www.vinayakhospitalnoida.com  
VHEMERGENCY ASSESSMENT/2024

MLC-3897



# VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2501322

Room No. 202 Category

Date of Admission 16.1.2026



Name BABY TANISHA

S/o, D/o, W/o MR. TUSHAR MANDAZ

Occupation

Age 7y/8m Sex F

Religion HINDU

Father's / Husband's Name

Address H.No. 235

SARFABAD Village NOIDA UP

Phone : Office Res.

Advance Receipt No. Date 26/1/25

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. REENA Informed at 1234

Admitting Dr. A.H. DE KUMAR VIK Informed at 1234

Paly 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.

Tushar

Signature of Patient / Relative

Unit / Consultant

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 Sign