

KINNERA MEMORIAL TRUST

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Application for Help

Name of the Patient:

Ch PRATYUSHA

Father / Guardian Name:

ANIL KUMAR

DOB / Age:

12 years (12-Jun-2000)

Permanent Address:

H.No:

3-30/9

Street / Village:

NARSAMPET

Mandal / District

WARANGAL

Pin code:

Phone No:

9966736299

DISEASE INFORMATION

(To be filled by Doctor)

Diagnosis:

Acute Promyeolocytic Leukemia (APML)

Date of Diagnosis:

16 Oct 2012

Investigations:

Complete Blood Picture

Bone marrow aspiration and biopsy

Serum Creatinine Blood Grouping

CSF

PML Rara (Surat Cytogentics Test)

Treatment

Remission:

Inj Cytarabine

Inj Daunorubicin 30 mg

Inj Mitozantron 20 mg

Inj Zavadas (Idarubicin) 20 mg

Reviews:

1. Phase 1 – Remission: Triple IT and Lumbar Puncture (intrathecal) along with CBP every month for two months. This was followed by Bone Marrow every time.

Type of Treatment:

Chemotherapy (remission induction, intensification/consolidation, and maintenance therapy)

Estimation Amount:

Any amount was sanctioned than any organization: None

Recommendations:

Jan tra

Consultant Name: Dr. Ramana Dandamudi

Consultant Signature : Dr.

Approved By:

