



KINNERA MEMORIAL TRUST

కిన్నెర మెమోరియల్ ట్రస్ట్

Application for Help



PATIENT NAME : ANIHAL

FATHER/GUARDIAN : A. CHANDRA MOHAN
MOTHER ; A BHAVNI

ADDRESS : H N0 17-9-203 CHAWNI SHANIJ NAGAR SAIDABAD (H.Y.D)

PHONE NUMBER : 9010505060, 9985690434, 9533276262

UMR No : 23986

AGE : 19 Months 16.10.2015

GENDER : MALE

DISEASE INFORMATION

(To be filled by Doctor)

Diagnosis: ACUTE LYMPHOBLASTIC LEUKEMIA

Date of Diagnosis: 22.08.2017

Investigations: Complete Blood Picture
CRP
Electrolyte, Creatinine
Blood Cultures
CT Scan & Ultra Sound

Treatment

Induction

Inj Vincristine
Inj Daunorubicin
Inj Methotrexate IT
Inj Doxorubicin

Consolidation:

Inj.Methotrexate
Inj. Cytarabine
Inj Cyclophosphamide
Inj. Oncospor
Tab 6mp
Esomac ½ Bd 28 Days
Syp Sucral
Syp Septran 5ml BD m/th
Mouthcare

Type of treatment and Reviews:

Chemotherapy (remission induction, intensification/consolidation, and maintenance therapy) every 3rd month IT Methotrexate

1. Phase 1 – Remission induction: Vincristine and along with CBP every month.
2. Supportive care- Blood product support, treatment of infections during intense phases

Family Circumstances: Father out of job soon after diagnosis due to repeated absences. No other source of income for the family.

Estimation Amount: 4.5 lakhs

Any amount was sanctioned than any organization: None

Recommendations:

Kindly sanction thousand to help this child to continue his treatment.

Consultant Name: Dr. Ramana Dandamudi/

Consultant Signature:

Approved By:

Dr. RAMANA

RAJA KANTAMNENI