



KINNERA MEMORIAL TRUST

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Application for Help



PATIENT NAME : ABDUR RAFAY

FATHER/GUARDIAN : ARSALAAN MEHDI
MOTHER ; HAJIRA SULTANA

ADDRESS : H NO 12-2-45 FLAT NO 401 MURAD MEHDIPATNAM
PHONE NUMBER : 9000711339

UMR No : UMR-22692
AGE : 2 Years
GENDER : MALE

DISEASE INFORMATION

(To be filled by Doctor)

Diagnosis: ACUTE LYMPHOBLASTIC LEUKEMIA
Date of Diagnosis: 14.03 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 D4 d 18
Tab 6mp 50mg
Tab Pantodac 20 mg
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 30,000 to help this child to continue his treatment.

Consultant Name : Dr. Ramana Dandamudi/

Consultant Signature :

Approved By:

KANTAMNENI RAJA

Dr.RAMANA