



# KINNERA MEMORIAL TRUST

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## Application for Help



PATIENT NAME : LALITHA ESHWAR RAJ

FATHER/GUARDIAN : D. VARAPRASAD  
MOTHER ; RAMADEVI  
  
ADDRESS : 31-4-3-31B2  
DEVALAYA STREET  
KAKINADA  
  
PHONE NUMBER ; 9848477779,9666944444  
  
UMR No : UMR-23104  
AGE : 4Years  
  
GENDER : MALE

## **DISEASE INFORMATION**

(To be filled by Doctor)

**Diagnosis:** ACUTE LYMPHOBLASTIC LEUKEMIA

**Date of Diagnosis:** 04.5.17

**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**  
**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 3<sup>rd</sup> 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 500 dollars to help this child to continue his treatment.

**Consultant Name :** Dr. Ramana Dandamudi/ Dr.Parinitha Gutha

**Consultant Signature :**

**Approved By:**

KANTAMNENI RAJA

Dr.RAMANA