

Application for Help



PATIENT NAME : PRANEETH REDDY

| FATHER/GUARDIAN | : CHANDRASHEKAR REDDY |
|-----------------|---------------------------|
| MOTHER | ; ANITHA |
| ADDRESS | : H.NO 32-311 PLOT NO.147 |
| | SHAPUR, HYD |
| PHONE NUMBER | : 8008439790,9160053990 |
| | |
| UMR No | : UMR-22944 |
| AGE | : 3Years |

GENDER : MALE

DISEASE INFORMATION

(To be filled by Doctor)

Diagnosis: Date of Diagnosis: Investigations: ACUTE LYMPHOBLASTIC LEUKEMIA 15.4.17 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 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 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

