



KINNERA MEMORIAL TRUST

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Application for Help

PATIENT NAME : SHARLENE
FATHER/GUARDIAN : KUNNARAM
MOTHER : VIMLA
ADDRESS : H. NO. 27-73
JAGATGIRIGUTTA, KUKATPALLY
HYD
PHONE NUMBER : 8790060020,9700090007
UMR No : UMR-22889
AGE : 3Years
GENDER : Female

DISEASE INFORMATION

(To be filled by Doctor)

Diagnosis: ACUTE LYMPHOBLASTIC LEUKEMIA

Date of Diagnosis: 08.04.17

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

Treatment

Induction

Inj Vincristine
Inj Daunorubicin
Inj Methotrexate IT
Inj Mitozantrine
Inj.Dexamethasone

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 rupees to help this child to continue his treatment.

Consultant Name : Dr. Ramana Dandamudi

Consultant Signature :

Approved By:

KANTAMNENI RAJA

Dr.RAMANA