

Application for Help





PATIENT NAME : YOGISHA YADAV

FATHER/GUARDIAN : PRADEEP YADAV MOTHER ; BABY YADAV ADDRESS : FIAT NO 010 BLOCK C SATELLITE TOWN SHIP, HYD

PHONE NUMBER	: 9885965349
UMR No AGE	: UMR-21721 : 3Years
GENDER	: FEMALE

DISEASE INFORMATION

(To be filled by Doctor)

Diagnosis:	ACUTE LYMPHOBLASTIC LEUKEMIA
Date of Diagnosis:	17.11.16
<u>Investigations</u> :	Complete Blood Picture CRP Electrolyte ,Creatinine Blood Cultures CT Scan & Ultra Sound
<u>Treatment</u>	<u>Induction</u> Inj Vincristine Inj Daunorubicin Inj Methotrexate IT <u>Inj Doxorubicin</u> <u>Consolidation: Inj.Methotrexate</u> 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