



# KINNERA MEMORIAL TRUST

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## Application for Help



PATIENT NAME : K ROHITH KUMAR  
FATHER/GUARDIAN : K VEERESH  
MOTHER : K KAVYA  
ADDRESS : H NO 1-6-205 INDRA NAGARSTATION AREA  
RAICHUR(DIST) KARNATAKA  
PHONE NUMBER : 9740150207,9148131362

UMR No : UMR- 25703  
AGE : 4Years

GENDER : MALE

## **DISEASE INFORMATION**

(To be filled by Doctor)

**Diagnosis:** CALLA POSITIVE,LYMPHOBLASTIC LEUKEMI

**Investigations:** 15.03 18  
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 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:** 6.5 lakhs

**Any amount was sanctioned than any organization:** None

**Recommendations:**

Kindly sanction to help this child to continue his treatment.

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

**Consultant Signature :**

**Approved By:**

KANTAMNENI RAJA  
Issued KMT Cheque No: (Rs. )

Dr.RAMANA