

Application for Help

PATIENT NAME	: M. SAI PAVAN	
FATHER/GUARDIAN	: M. SATISH	
MOTHER	; SATYA VANI	
ADDRESS	: H NO 3-88/32 LADIES COLONY KAVALA, GOYYA	
RAJAHMUNDRY (DISIT) E.G (DISIT)		
PHONE NUMBER	: 7893315925, 9177061486	

UMR No :	UMR- 26898
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AGE	:	5Years

GENDER : MALE

DISEASE INFORMATION

(To be filled by Doctor)

Diagnosis:

CALLA POSITIVE, B- LYMPHOBLASTIC LEUKEMI

Investigations:

01.08.18 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:</u> <u>Inj.Methotrexate</u> <u>Inj.Cytarabine</u> Inj Cyclophosphamide Inj. Oncospor D4 d 18 Tab 6mp 50mg Tab Pantodac 20 mg Syp Sucral 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 Issued KMF Cheque No: 000198 (\$ 350)

Dr. RAMANA DANDAMUDI