

Application for Help



PATIENT NAME : M ABHINAW

FATHER/GUARDIAN: M V RAMANAMOTHER; M PUSHPA LATHA

ADDRESS	: H NO- MV RAMANA 1/228 POLERAMMA VEEDI KALASAPADU (M) KADAPA (A P)
PHONE NUMBER	: ,6302783183, 9959659524
UMR No AGE	: UMR- 30139 I P NO 9570 : 10Years
GENDER	: MALE
	DISEASE INFORMATION (To be filled by Doctor)
Diagnosis:	CALLA POSITIVE, B- LYMPHOBLASTIC LEUKEMI 18.07.2019
Investigations:	Complete Blood Picture CRP Electrolyte ,Creatinine Blood Cultures CT Scan & Ultra Sound
<u>Treatment</u>	Induction Inj Vincristine Inj Daunorubicin Inj Methotrexate IT Inj Doxorubicin <u>Consolidation:</u> Inj.Methotrexate Inj. Cvtarabine Inj Cyclophosphamide Inj. Oncosper 3750 Units Tab 6mp 50mg Tab Pantodac 20 mg Syp Sucral Syp Septran 5ml BD m/th Mouth care tid Tab Dexamethasone 4mg bd

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: 8 lakhs

Any amount was sanctioned than any organization: None

Recommendations:

Kindly sanction 25,000 to help this child to continue his treatment.

Consultant Name : Dr. Ramana Dandamudi/

Consultant Signature :

Approved By:

KANTAMNENI RAJA KMT Cheque: 000045, Amount: Rs. 20,000/-

Dr.RAMANA