



Application for Help



PATIENT NAME : T. NAGAENDRA

FATHER/GUARDIAN : T. SUJATHA
MOTHER ; T. RAVI KUMER

ADDRESS : penumantra mandalam

ALAMURU,W.G (DISIT)

PHONE NUMBER : 7780535044, 7731090083

UMR No : UMR- 29883

AGE : 13Years

GENDER : MALE

DISEASE INFORMATION

(To be filled by Doctor)

Diagnosis: AIHA

Investigations: 24.06.2019
Complete Blood Picture
CRP
Electrolyte ,Creatinine
Blood Cultures
CT Scan & Ultra Sound BONE MARROW

Treatment

Induction

Blood Product support

Inj Ritaximab 500mg (4)
Inj Dexamethasone 12mg 4 days
Inj PANTODAC 20MG for 10 days
Tab Folvite 5mg OD to continue
Syp Zincovit 5ml BD for 2 months

Type of treatment and Reviews:

- 1.
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: 2 lakhs

Any amount was sanctioned than any organization: None

Recommendations:

Kindly sanction 20,000 to help this child to continue his treatment.

Consultant Name : Dr. Ramana Dandamudi/

Consultant Signature :

Approved By:

KANTAMNENI RAJA

Dr.RAMANA