



Application for Help

PATIENT NAME : N ABHIRAM

FATHER/GUARDIAN : N SUDHEER
MOTHER ; N SEETHA

ADDRESS : H NO- 3-6-358 VIKAS BEEILDING T N R SHAKUNTALA
APPARTMENT (OPP) (T N) L B NAGAR SARUR NAGAR

PHONE NUMBER : 8498982244, 8498480555

UMR No : UMR- 31366
AGE : 1 1/2 Years

GENDER : MALE

DISEASE INFORMATION

(To be filled by Doctor)

Diagnosis: (HLH) HEMOPHASOCYTIC LYMPHOHISTIO CYTOSIS
19 10 19

Investigations: Complete Blood Picture
CRP
Electrolyte ,Creatinine
Blood Cultures
CT Scan & Ultra Sound/MRI BARIN

Treatment

Induction

Inj ETOPASIDE
Inj HYDROCORT 10MG IT
Inj Methotrexate 8MG IT
SYP CYCLOSPORNE 0.25MG BD 11,11,19 STAT
Tab Pantodac 20 mg
Tab Dexamethasone 2.5 mg
Inj. G c s f 60 mcg s/c
Syp Sucral
Syp Septran 5ml BD m/th
Mouth care tid

Type of treatment and Reviews:

Chemotherapy (remission induction, intensification/consolidation, and maintenance therapy) every 3rd month IT Methotrexate/ HYDROCORT

1. Phase 1 – Remission induction: 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 30,000 to help this child to continue his treatment.

Consultant Name : Dr. Ramana Dandamudi/

Consultant Signature :

Approved By:

KANTAMNENI RAJA

Dr.RAMANA