



KINNERA MEMORIAL TRUST

కిన్నెర మెమోరియల్ ట్రస్ట్

Application for Help



PATIENT NAME : C GOUTHAM
FATHER/GUARDIAN : C NAGA RAJU
MOTHER : C ANJALI

ADDRESS : H NO 2-1-21/11 KUKATA
PALLY YELLAMMA BANDA (H Y D) PHONE
NUMBER : 9908106061, 9052434793



UMR No : UMR- 25863
AGE : 4Years
GENDER : MALE

DISEASE INFORMATION

(To be filled by Doctor)

Diagnosis: CALLA POSITIVE, B- LYMPHOBLASTIC LEUKEMI

Investigations: 02.04 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.Luenase S/C 9 Dose
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 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 to help this child to continue his treatment.

Consultant Name : Dr. Ramana Dandamudi/

Consultant Signature :

Approved By:

KANTAMNENI RAJA

Issued KMT Cheque No: 351689 (Rs. 30,000)

Dr. RAMANA DANDAMUDI

