



KINNERA MEMORIAL TRUST

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Application for Help

PATIENT NAME : M . PRANEETH
FATHER/GUARDIAN : M. CHALAPATHI RAO
MOTHER : M. SUMA
ADDRESS : 9-6-531/1/1 DRUGA BHAVANI NAGAR , CHAMAPAPET HYD
PHONE NUMBER : 9948698953
UMR No : 27554
AGE : 10YEARS
GENDER : MALE

DISEASE INFORMATION

(To be filled by Doctor)

Diagnosis: RELAPSED CALLA POSTIVIE B- LYMPHOBLASTIC LEUKEMIA)

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

Treatment

Induction

Inj HD METHOTREXATE

Inj:Methotrexate

Inj:Cytarabine

Inj:Cyclophosphamide

Tab Pantodac 40mg

Syp Sucral 10ML

Syp Septran 10ml BD

SYP POSCONAZOLE

ACYCLOVIR , MOUTH CAE

Type of treatment and Reviews:TOTAL BODY RADIO THERAPY , ALLEGENIC STEM

CELLS TRANSPLANTION 9. 1PM

Chemotherapy (remission induction,intensification/consolidation,and maintenance therapy)every 3rd months CBP LFT

- Phase 1 – Remission induction: and along with CBP every month.
- Supportive care- Blood product support, BUFFYCOATS SDP PRBC GRANULOCYTES ANTI FUNGAL AMBIZOME treatment of infections during intense phases

Family Circumstances: Father is a LECTURER employee and no other source of income

Estimation Amount: 40lakhs

Any amount was sanctioned than any organization: None

Recommendations:

Kindly sanction 75000 to help this child to continue his treatment.

Consultant Name : Dr. Ramana Dandamudi

Consultant Signature :

Approved By: KANTAMNENI RAJAGOPAL, sanctioned Rs.30,000/-. KMT check No: 037610 is issued on 08-Sep-2023 on Thirumal Child Health Services Pvt Ltd and KMF Check no: 0146 for \$500 on xxxxx name.