



KINNERA MEMORIAL TRUST

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Application for Help

Name of the Patient: ORSU RASHMIKA

^{MOTHER'S}
Father / Husband name: ORSU LALITHA

DOB / Age: 06 / 10 / 2020

Permanent Address:

H.No: 5-97 KALUVA GADDA

Street / Village: VTC KHABHALAPALLI

Mandal / District: MAHABCOBABAD

Pin code: 506101

Phone No: 7032433009



DISEASE INFORMATION

(To be filled by Doctor)

Diagnosis: B- ALL

Date of Diagnosis:

Investigations:

Treatment CHEMOTHERAPY

Reviews:

1.

2.

3.

4.

Type of Treatment:

CHEMOTHERAPY.

Estimation Amount: 6 LAKHS

Any amount was sanctioned than any organization:

Recommendations:

Consultant Name : Dr. RAMANA DANDAMUDI

Consultant Signature : Dr.

Approved By: KANTAMNENI RATACOPAL has sanctioned and issued KMF check # 157 for \$400 on choice foundation.