



CU- BED- 11





SWASTIK

MULTISPECIALITY HOSPITAL

Mohna Road, Opp. Dena Bank, Ballabgarh

0129-2303438

E-Mail : swastikhospitalfaridabad@gmail.com

INDOOR FILE

Bed No.	
Regd. No.	
OPD No.	
IPD No.	4154
D.O.A.	5/2/23 at 6 PM
D.O.D.	

Patient's Name Bla Sheetal

SN/D of Gaurava Age NB Sex female

Occupation Marital Status

Address VII. Newada Tigabr. Bli. Abd

..... Phone No.

Consultant Incharge Dr. Pawan Sharma Relation



Patient Name:	Baby of SHEETAL	Age / Sex:	1 days / F
Referred By:	Dr. SWASTIK MULTISPECIALITY HOS.	Date:	05/02/2023
Reg. no.	61077	Reported on:	05/02/2023 06:43 PM
Collected on:	05/02/2023		



HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

TEST	VALUE	UNIT	REFERENCE
Hemoglobin	L 13.8	g/dl	17 - 23
Total Leukocyte Count	H 15,400	cumm	4,000 - 11,000
Differential Leucocyte Count			
Neutrophils	73	%	40 - 80
Lymphocyte	L 17	%	20 - 40
Eosinophils	05	%	1 - 6
Monocytes	05	%	2 - 10
Basophils		%	< 2
Platelet Count	2.63	lakhs/cumm	1.5 - 4.5
Total RBC Count	H 5.1	million/cumm	3.9 - 4.8
Hematocrit Value, Hct	H 57.9	%	36 - 46
Mean Corpuscular Volume, MCV	H 113.5	fL	83 - 101
Mean Cell Haemoglobin, MCH	27.1	Pg	27 - 32
Mean Cell Haemoglobin CON, MCHC	L 23.8	%	31.5 - 34.5
Mean Platelet Volume, MPV	9.7	fl	6.5 - 12
R.D.W. - SD	H 72.1	fL	39 - 46
R.D.W. - CV	H 16.4	%	11.6 - 14

SEROLOGY & IMMUNOLOGY

TEST	VALUE	UNIT	REFERENCE
C-Reactive Protein, CRP (Quantitative)	H 12.0	mg/dl	< 6.0 mg/L

--- End of report ---

Anil Kumar
M.Sc. Microbiology
Lab Incharge

Dr. Kamal Sathyarthi
M.B.B.S. D.C.P. (Senior Pathologist)
Reg. No. - MCI - 25147



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Reg. No. - MCI - 25147



Hospital Recommendation letter

Date: 15/02/2023

Name of the child:- Baby of Sheetal

Age:- 11 Days Gender: Female

Medical Diagnosis: Preterm AGA/M/Extremely Low Birth Weight /RDS/HMD/ sepsis/ ARDS /Shock/Neonatal sepsis/ Apnoea


Suggested treatment: Medical/surgical management with respiratory support

Proposed date of Surgery/Treatment: Upto 4 wks

Estimated cost of treatment (with break ups): Rs 900000/-

This is to certify that the above referred case is critically ill. The child requires support for medical treatment expense. We here by recommend you this case for financial assistance. The above mentioned estimate is approximation for surgery/treatment and in the event of any complications the expenses may exceed the estimated cost.

From;


Dr. PAVAN KUMAR SHARMA
M.B.B.S., D.C.H. (V.M.)
Reg. No. HN-7303

Signature:

Name of Medical Practitioner: Dr. Pawan Kumar Sharma

Designation: Consultant Paediatrics

Department: Paediatrics

दिनांक :- 15-02-2023

सेवा में,

श्री मान,

संस्थापक महोदय,

वन लक्ष्मि आर्जेनाइजेशन

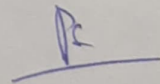
महोदय,

मेरी बेटी जो की समय से पूर्व जन्म ले ली है
हमारी बच्ची एक्टिवक हॉस्पिटल में रही है
हमारा परिवार बहुत ही सामान्य वर्ग से है
NICU का खर्च बहुत ज्यादा है हमारा परिवार
पुण प्रयास करके भी इतना खर्च नहीं जुटा
पा रहा है हमारे परिवार पर अपना कृपा
बनाये।

हमारे पुरे परिवार को आपसे मदद
का आशा रखता है कृपया कले हमारी
बच्चो को बचाने को कृपा करें
सकार विना
जीव

Refer to

One Life Organized



DR. ANIL KUMAR SHARMA
M.B.B.S., D.C.H. (A.M.S.)
Reg. No. HN-7303