







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.	3902
D.O.A.	15/12/22 3:56
D.O.D.	27/12/22 7:45 PM

Patient's Name B/o Pooja

SW/D of Vijay Age N/B Sex F

Occupation Marital Status

Address vill - Sahupura, sec - 65 blb

.....

Consultant Incharge Dr. Ramesh Sharma Relation father



Patient Name: Baby of POOJA
Referred By: Dr. SWASTIK MULTISPECIALITY HOS.
Reg. no. 60513
Collected on: 22/12/2022
Age / Sex: 7 days / F
Date: 22/12/2022
Reported on: 22/12/2022 01:40 PM



HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

TEST	VALUE	UNIT	REFERENCE
Hemoglobin	L 12.4	g/dl	17 - 23
Total Leukocyte Count	H 21,700	cumm	4,000 - 11,000
Differential Leucocyte Count			
Neutrophils	49	%	40 - 80
Lymphocyte	40	%	20 - 40
Eosinophils	05	%	1 - 6
Monocytes	06	%	2 - 10
Basophils		%	< 2
Platelet Count	3.85	lakhs/cumm	1.5 - 4.5
Total RBC Count	4.8	million/cumm	3.9 - 4.8
Hematocrit Value, Hct	H 52.7	%	36 - 46
Mean Corpuscular Volume, MCV	H 109.8	fL	83 - 101
Mean Cell Haemoglobin, MCH	L 25.8	Pg	27 - 32
Mean Cell Haemoglobin CON, MCHC	L 23.5	%	31.5 - 34.5
Mean Platelet Volume, MPV	11.1	fL	6.5 - 12
R.D.W. - SD	H 60.0	fL	39 - 46
R.D.W. - CV	H 16.7	%	11.6 - 14

BIOCHEMISTRY

TEST	VALUE	UNIT	REFERENCE
Serum Bilirubin (Total)	H 12.1	mg/dl	up to 12
Serum Bilirubin (Direct)	H 0.97	mg/dl	0 - 0.3
Serum Bilirubin (Indirect)	H 11.13	mg/dl	0.2 - 1

--- End of report ---

Anil Kumar
M.Sc. Microbiology
Lab Incharge

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



Hospital Recommendation letter

Date:- 30/12/2022

Name of the Child: B/O Pooja

Age: 15 D **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 5 wks

Estimated cost of treatment (with break ups):Rs 700000/-

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. (N.M.I.)
Reg. No. HN-7303

Signature:

Name of Medical Practitioner Dr pawan kumar sharma

Designation: Consultant paediatrics

Department: Paediatrics

दिनांक - 30-12-22

सोना में,

श्री मान फाउंडर महादय,
आईएम लाइन N40
सुर,

हमारा बच्चा जी की समय से पूर्व जन्म
ले लिखा है। हमारी बच्ची स्वास्तिक
अस्पताल बलबगढ़ में शर्ति है।
इसके इलाज में बहुत खर्च है।
अभी करीब करीब 2 महीना उपचार
चलेगा।

कृपया करके हमारी बेटी
को जीवन दान दें। हम जीवन भर
आपका आभारी रहेंगे।

प्राथमिक }
पुजा }

forward to Life Lin No

P

Dr. PAWAN KUMAR SHARMA
M.B.B.S., D.C.H. (A.M.11)
Reg. No. HN-7303