







D/o Preeti - II

Age - N.B / male

S/O \Rightarrow Arun

Ad: \Rightarrow vi M. Bahad Pur
(D.C.B) (D.B.D)

D.O.A: \Rightarrow 24/12/24 = 6:1



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SWASTIK

MULTISPECIALITY HOSPITAL

Mohna Road, Opp. SBI Bank, Ballabgarh

0129-2303438

E-Mail : swastikhospitalfaridabad@gmail.com

INDOOR FILE

Bed No.	
Regd. No.	
OPD No.	
IPD No.	7352
D.O.A.	24/12/24 at 6 PM
D.O.D.	

Patient's Name B10 Jaiti TL

SW/D of Arjun Age NB Sex Male

Occupation Marital Status

Address Vill. Bahadpur, B13

..... Phone No.

Consultant Incharge Dr. Pawan Sharma Relation father



Patient Name: Baby of PREETI (2) Age / Sex: 1 days / M
Referred By: Dr. SWASTIK MULTISPECIALITY HOS. Date: 24/12/2024
Reg. no. 71778
Collected on: 24/12/2024 Reported on: 24/12/2024 06:19 PM



HAEMATOLOGY COMPLETE BLOOD COUNT (CBC)

TEST	VALUE	UNIT	REFERENCE
Hemoglobin	17.5	g/dl	17 - 23
Total Leukocyte Count	H 17,500	cumm	4,000 - 11,000
Differential Leucocyte Count			
Neutrophils	80	%	40 - 80
Lymphocyte	L 15	%	20 - 40
Eosinophils	02	%	1 - 6
Monocytes	03	%	2 - 10
Basophils		%	< 2
Platelet Count	1.57	lakhs/cumm	1.5 - 4.5
Total RBC Count	L 3.8	million/cumm	4.5 - 5.5
Hematocrit Value, Hct	45.1	%	40 - 50
Mean Corpuscular Volume, MCV	H 118.7	fL	83 - 101
Mean Cell Haemoglobin, MCH	H 46.1	Pg	27 - 32
Mean Cell Haemoglobin CON, MCHC	H 38.8	%	31.5 - 34.5
Mean Platelet Volume, MPV	9.7	fL	6.5 - 12
R.D.W. - SD	41.3	fL	39 - 46
R.D.W. - CV	H 16.4	%	11.6 - 14

--- 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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Page 1 of 1



Hospital Recommendation letter

Date: 31/12/2024

Name of the child:- Baby Of Preeti -2

Age:-8 Days

Gender: Male

Medical Diagnosis: Congenital Heart defect/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 650000/-

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;

Signature:


Dr. Pawan Kumar Sharma
M.B.B.S., D.C.M. (M.M.H.)
REG. NO. MN-7303

Name of Medical Practitioner: Dr. Pawan Kumar Sharma

Designation: Consultant Paediatrics

Department: Paediatrics

दिनांक - 31/12/2024

सेवा में,

भारत सरकार NCTO

भारत सरकार,

सविनय निवेदन यह है कि मेरा बच्चा बहुत
बिमार है मैं अपनी बच्चे के लिए टाइट जोड़
कर विनती करता हूँ। मेरा बेटा स्वास्तिक
हस्पताल N.I.C.U वार्ड में भर्ती है। मेरे बच्चे
की हालत काफी नाजुक है। मैं आर्थिक रूप
से अपनी बच्चे की मदद नहीं कर पा रहा हूँ।
कृपा करके आप मेरे बच्चे की आर्थिक रूप से
मदद करें।

प्रार्थी

अरुण

Ref to Ltr Lin No

R

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