









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.	7104
D.O.A.	27/10/24 at 1:30 PM
D.O.U.	

Patient's Name Yash (B10 Sumit)

SW/D of Sumit Age 9 Months Sex Male

Occupation _____ Marital Status _____

Address vill Uncle gach BLB Fbd

Phone No. _____

Consultant Incharge Dr. Pawan Sharma Relation Father



Patient Name: Master YANSH
Referred By: Dr. SWASTIK MULTISPECIALITY HOS.
Reg. no. 71395
Collected on: 20/11/2024

Age / Sex: 9 months / M
Date: 20/11/2024
Reported on: 20/11/2024 01:03 PM



71395

HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

TEST	VALUE	UNIT	REFERENCE
Hemoglobin	L 10.3	g/dl	11.2 - 16.5
Total Leukocyte Count	H 16,800	cumm	4,000 - 11,000
Differential Leucocyte Count			
Neutrophils	40	%	40 - 80
Lymphocyte	H 49	%	20 - 40
Eosinophils	05	%	1 - 6
Monocytes	06	%	2 - 10
Basophils		%	< 2
Platelet Count	3.19	lakhs/cumm	1.5 - 4.5
Total RBC Count	L 4.0	million/cumm	4.5 - 5.5
Hematocrit Value, Hct	L 31.4	%	40 - 50
Mean Corpuscular Volume, MCV	L 78.5	fL	83 - 101
Mean Cell Haemoglobin, MCH	L 25.8	Pg	27 - 32
Mean Cell Haemoglobin CON, MCHC	32.8	%	31.5 - 34.5
Mean Platelet Volume, MPV	11.0	fL	6.5 - 12
R.D.W. - SD	43.7	fL	39 - 46
R.D.W. - CV	H 17.8	%	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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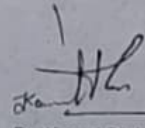


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 Reg. No.- MCI - 25147

## Hospital Recommendation letter

Date: 28/11/2024

Name of the child:- Master Yansh

Age:- 9 months

Gender: Male

Medical Diagnosis: Congenital Heart defect/RDS /HMD/ sepsis/ ARDS /Shock/Neonatal sepsis/ Apnoea

Suggested treatment:Medical/surgical management with respiratory support


Proposed date of Surgery/Treatment: Upto 3 wks.

Estimated cost of treatment (with break ups): Rs 400000/-

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

Name of Medical Practitioner: Dr. Pawan Kumar Sharma

Designation: Consultant Paediatrics

Department: Paediatrics

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Mohna Road, Opp. Dena Bank, Ballabgarh-121004, Faridabad (Haryana)

Mob. :9958243438



दिनांक - 29/NOV 2024  
सेवा में,  
लाइफ लाइन NHO

भदौदया,

सविनय निवेदन यह है कि मेरा बेटा यंश जी कि 9 माहिन का है। मेरा बेटा बहुत बिमार है मैं अपने बेटे के लिए टाय जोड़ कर विनती करता हूँ। मेरा बेटा स्वास्थ्य हस्पताल N.I.C.U वार्ड में भर्ता है। मेरे बच्चे कि हालत काफी नाजुक है। मैं आर्थिक रूप से अपने बेटे की मदद नहीं कर पा रहा हूँ। कृपा करके आप मेरे बेटे की आर्थिक रूप से मदद करें।

भार्य  
सुमित

Ref to Life Lin no

R

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