







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.	6977
D.O.A.	30/9/24 at 2 Am
D.O.D.	

Patient's Name Blo Soniya

S/W/D of Lekhraj Age 41 Sex Male

Occupation _____ Marital Status _____

Address HIT Faridabad

Phone No. _____

Consultant Incharge Dr. Pawan Kumar Relation father



Patient Name: Baby of SONIYA Age / Sex: 1 days / M
Referred By: Dr. SWASTIK MULTISPECIALITY HOS. Date: 30/09/2024
Reg. no. 70548
Collected on: 30/09/2024 Reported on: 30/09/2024 11:35 AM



HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

TEST	VALUE	UNIT	REFERENCE
Hemoglobin	L 15.1	g/dl	17 - 23
Total Leukocyte Count	H 18,000	cumm	4,000 - 11,000
Differential Leucocyte Count			
Neutrophils	60	%	40 - 80
Lymphocyte	30	%	20 - 40
Eosinophils	05	%	1 - 6
Monocytes	05	%	2 - 10
Basophils		%	< 2
Platelet Count	1.72	lakhs/cumm	1.5 - 4.5
Total RBC Count	4.9	million/cumm	4.5 - 5.5
Hematocrit Value, Hct	L 37.1	%	40 - 50
Mean Corpuscular Volume, MCV	L 75.7	fL	83 - 101
Mean Cell Haemoglobin, MCH	30.8	Pg	27 - 32
Mean Cell Haemoglobin CON, MCHC	H 40.7	%	31.5 - 34.5
Mean Platelet Volume, MPV	9.8	fL	6.5 - 12
R.D.W. - SD	H 51.1	fL	39 - 46
R.D.W. - CV	H 17.0	%	11.6 - 14

--- 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



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



## Hospital Recommendation letter

Date: 30/09/2024

Name of the child:- Baby Of Soniya

Age:- 1 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 500000/-**

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. (L.M.)  
REG. NO. HN-7303

Name of Medical Practitioner: Dr. Pawan Kumar Sharma

Designation: Consultant Paediatrics

Department: Paediatrics

दिनांक = 30 - 9 - 21

सेवा में

राजशासन महोदय

व्यपन केयर ऑर्गनाइजेशन

महोदय

मैं लेखराज मेरा बच्चा जो कि स्तारलिक अस्पताल  
में है। उसका इलाज स्तारलिक में चल रहा  
है। वह बड़ी गंभीर समस्या से पीड़ित है।  
जो कि NICU में भेड़ी है। मेरा बच्चा  
बहुत ही ज्यादा बीमार है। उसका बहुत  
उपचार होगा हमारे बच्चे को बचाने में  
हम साथ जाइ कर विनती करते हैं।

प्रार्थी  
लेखराज

Refer to Back am. org.

R

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