

CARE PROMISE WELFARE SOCIETY (REGD)
Patient Data Form

Sponsorship Form For Financial Assistance (Surgery , Chemotherapy & Treatment)

Reg. No.336/CPWS/PT

Date: - 22-04-2014

Patient's Name : Sirpatia
Age : 35 Years old
Sex : Female



Patient's Details: - Mrs. Sirpatia aged 35 yrs, w/o Sh Ganesh is a resident of Mumbai from Gall Bladder Cancer.

The patient first reported for treatment to Dr. Bhim Rao Shatabdi Hospital and then to KEM Hospital Mumbai, but both the hospitals expressed their inability to treat her because of the medical complication and referred her case to TATA Memorial Hospital Mumbai. The Hospital has projected a requirement of Rs. One lakh for her treatment. Her husband is an auto driver in Mumbai and has a large family consisting of three daughters and a son to support. It is almost impossible for him to arrange this much amount in the absence of which the poor children and their father are not having any alternative but to see the mother dying helplessly.

FAMILY DETAILS

Father/Husband Name : Ganesh
Age : A/M
Occupation : Auto Driver
No. of family members : 6 (Six Members)
Total annual family income : Rs. 96,000/-

MEDICAL TREATMENT'S DETAILS

Disease suffering from : Gall Bladder Cancer
Treatment prescribed : Surgery , Chemotherapy & Treatment
Concern Doctor : H.O.D
Cost of treatment : Rs. 1 lakh (approx.)
Hospital Name and Address : TATA Memorial Hospital,Mumbai

Declaration

I declare that the information given above is correct and complete in all respects and I am not in a position to arrange funds for the purpose stated above.

The case certified by Patient and TATA Memorial Hospital, Mumbai

CASE NO:

TATA MEMORIAL HOSPITAL

DATE/TIME	CLINICAL NOTES AND MANAGEMENT PLAN (For Clinician's Use Only)	FOCUS NOTE (For Nurse's Use Only)
15/4/14	15/4/14	
15/4/14	<p>500 for antibiotic</p> <p>PSH CA GIS</p> <p>Inter - Pallen</p> <p>cost of R - 50,000</p> <p>chemo - 20,000</p> <p>supp care - 20,000</p> <p>Director of R → h mnd</p>	<p>15/4/14</p> <p>15/4/14</p>
2/6/14		<p>3/3/14</p>
3/4/2014	<p>R/S on 3/4/14 = report</p> <p>Pales (cas per proted) - R</p>	
Pain Clinic	<p>15/4/2014 CBL</p>	
Ajim	<p>1482</p>	

CLINICAL NOTES AND MANAGEMENT PLAN



**TATA MEMORIAL CENTRE
TATA MEMORIAL HOSPITAL
REGISTRATION DETAILS**

Date	14/03/2014	Category	GENERAL	Case No.	CL/07278
Patient Name	Mrs. SHREEPATI DEVI G. PRAJAPATI				
Permanent Home Address	GRAM- SHRINAGAR (SIYARHA), POST- PATVADH.	Pin Code	276121	<i>pc/486/14</i>	
	AZAMGARH				
	UTTAR PRADESH	Mobile	09225577567		
	INDIA				
Address for Correspondence	SHIV SHAKTI CHAWL NO.3, M.G. ROAD, KANDIVALI VILLAGE, KANDIVALI WEST MUMBAI	Pin Code	400067		
	MAHARASHTRA				
	INDIA				
Kin's Name	MR. GANESH PRAJAPATI				
Relationship	HUSBAND	Mobile	09225577567		
Kin's Address	GRAM- SHRINAGAR (SIYARHA), POST- PATVADH.	Pin Code	276121		
	AZAMGARH				
	UTTAR PRADESH				
	INDIA				
Occupation	HOUSE WIFE	Age At Registration	25 yrs	Sex	F
Nationality	INDIAN	Marital Status	MARRIED		
Resident of Mumbai (More Than One Year)		Family Income Rs.	4,000.00	Identification mark	TATOO ON RT. HAND
Travel Concession		Railway	From AZAMGARH	To	MUMBAI CST
Referred By	N.R.L.	Address	NIL		
DMG Unit	DMG GASTROINTESTINAL				
Referred For	INVESTIGATION				

inside. See demand for b 1 lakh

I am aware that free SMS alerts will be sent to me concerning my evaluation and treatment etc.

I wish not to subscribe to this facility.

AR01149

14/03/2014 10:44:58AM 107081

अहः श्रीमान से निवेदन है कि

आप मेरी मदद करने की कृपा करें और मैं रिमला
बच्चा कर खिला तरह से जीवन मापन करता हूँ और
इस समय मेरे पास एक भी पैसा नहीं है इसलिए
मे लोपें

अहः श्रीमान से निवेदन है आप मेरी

मदद करने की कृपा करें।

आपका

जन्तु प्रभाकर