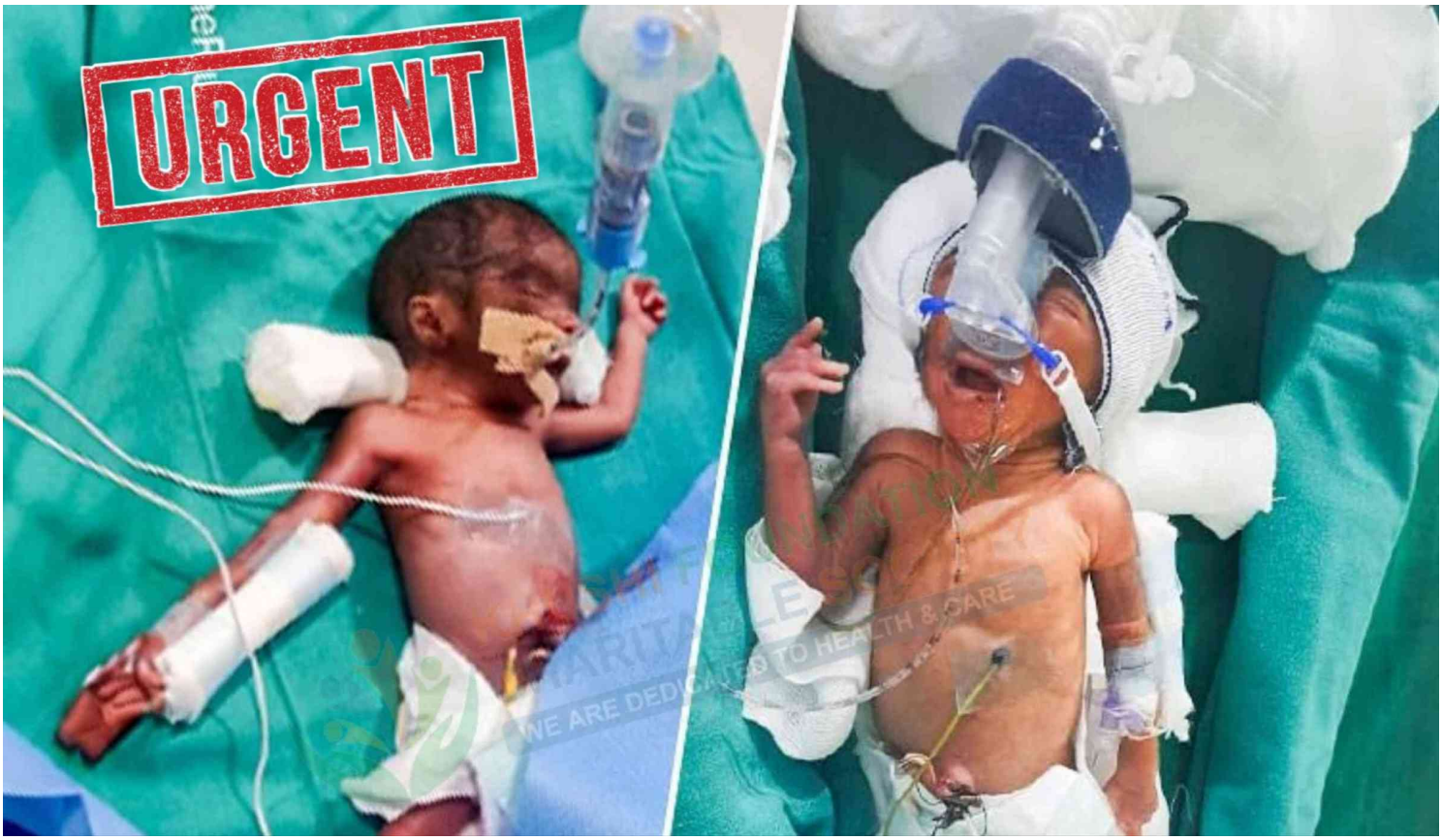
URGENT


KHUSHI FOUNDATION
CHARITABLE SOCIETY
WE ARE DEDICATED TO HEALTH & CARE


KHUSHI FOUNDATION
CHARITABLE SOCIETY
WE ARE DEDICATED TO HEALTH & CARE

Apollo
TOUCHING LIVES

Apollo Cradle & Children's Hospital

Financial Counseling Form

Date : 06/5/2025 UHID/MR Number:

Doctor Name: Dr. Sunil Kumar. G.

Name of the Patient: B/o. Venkata manusha. Twin-2

Age: 04/5/2025 born Husband's Name:

Corporate Name and Contact:

Phone: Email:

Procedure/Plan: NICU. Neonatal baby.

MODE OF PAYMENT: SELF: Insurance :

Twin Sharing SingleDeluxe Luxury Signature NICU PICU
Normal Delivery ₹500/-

Normal Delivery	Instrumental Delivery	C-Section	Surgical Procedure	NICU/PICU
				30-40 K per day

PackageExcludes: Patients's Food, Non-medicals, Disposables,Pharmacy & Consumables, Admission & Registration Charges, Physiotherapy & Lactation Charges, Diet charges, Muhurtham Charges(If Any) , Medical Record Charges, Tubectomy charges, Blood Reservation Charges, Transfusion Charge, Emergency Charges, Ambulance Charges (If Used)

1. Room eligibility is subjected to changes per patients insurance policy Terms & Conditions and the Package/Room tariff starts from the date of admission. The estimated amount may change if stay is extended more than the package includes.
2. Proportionate difference of room rent charges are if patient opts for a higher category room other than the insurance a good which has to paid by the patient.
3. Well Baby Charges is not included in Mother package.
4. If patient wants to get discharged earlier than the package permitted days,no refund is applicable
5. Preoperative investigations are not a part of the package. Additional OT equipment used wil be charged extra (if Any)
6. In Casec of any Denial/ Rejection form insurance Company on any case. Patient has to pay the complete bill as per hospital case tariff (No insurance tariff will be applicable in this case)
7. Insurance documents has to be submitted within 24 hours of admission. otherwise hospital will consider the package as cash Package.
8. Hospital is not responsible for insurance Terms & Conditio or rejections of cashless facility.
9. If insurance approved amount is more than the agreed package, only the package will be considered as cashless & non-medicals will be deducted as per hospital Terms.
10. Emergency scan charges will be applicable.
11. Only One attender is allowed with patient. No Attender is allowed to stay inside NICU.
12. Blood Reservation / Transfusion charges are not included in package.
13. Other than emergencies Ambulance pick up Services are chargable.
14. Initial deposit to be paid in case of non insurance patient and NICU admissions which will be adjusted with final bill. Any excess will be refunded within 30 working days.

I K [signature] Understand & Agree to the expected costs & other terms & Conditions mentioned above.

Signature of the Patient / Attendent

Signature of the Billing Executive

Apollo Cradle & Children's Hospital

Discharge Summary

Name:	B/O VENKATA MANJUSHA TWIN 1	MR No:	RMAR.0000101907
Age/Sex:	1 M/F	Visit ID:	RMARIPV25991
Address:	BANGALORE, BANGALORE, KARNATAKA	Admission Date:	05/04/2025 21:03
Primary Doctor:	Dr. SUNIL KUMAR GONUGUNTLA	Discharge Date:	26/05/2025 12:13
Department:	PAEDIATRIC	Secondary Doctor:	
Rate Plan:	Cradle Marathahalli GIPSA_160721	Ward/Bed:	NICU 1 - RMAR/NICU 13
Sponsor:	MEDI ASSIST INDIA TPA PVT LTD	Discharge Type:	Normal

INTERIM SUMMARY 11/04/2025

Diagnosis:
Extreme Preterm (27wk)/ 850gms/ ELBW/ FEMALE/ DCDA Twin1/ Severe RDS-RECEIVED 2 DOSES OF SURFACTANT/ NNH / PROBABLE SEPSIS/ Apnea of Prematurity/ Anemia- PRBC transfused/ Feed intolerance/ Respiratory syncytial virus infection positive

Course in Hospital:

Antenatal and Birth History: Mrs Venkata Manjusha, 25 yr old, Primigravida, DCDA gestation, IUI conception, with preterm labour delivered under Dr Manasa Reddy. Baby was born via emergency LSCS at 06:47:49 PM on 04/05/24. 2 doses antenatal steroids given prior to delivery (2 weeks back), MGSO4given.
Baby cried immediately after birth. DCC was done. Delivery room CPAP given. In view of persistent respiratory distress, baby was intubated and surfactant was given in delivery room. In view of respiratory distress, LBW, Prematurity baby was shifted to NICU for further care in transport incubator.
APGAR scores were- 7 and 9 at 1 and 5 min respectively.

Mother's blood group- O Positive **Baby's Blood Group- O Positive**

Birth wt.: 850 gms, HC- 24 cm, Length- 30 cm.
Current wt.:1170 gms, CGA: 32+3weeks

Head to Toe examination
Baby under warmer care
On HFNC support
Normal heart sounds heard.
Bilateral Femoral's present.
Hips and spine stable.
Anal orifice looks patent.
Normal genitalia.

Course in Hospital:
Ventilation: In view of respiratory distress, the baby was continued on mechanical ventilator after shifting in NICU. Caffeine bolus was given in first hour of life with regular maintenance thereafter. Xray was suggestive of moderate RDS and the settings were moderate. Repeat dose of surfactant was given after almost 7 HOL and baby was extubated on D3 O/L to CPAP which is tolerated well. Trial of HFNC was given. HFNC and CPAP atlernate was given for 3-4 days and then continued on HFNC from day 14 of life.Having few on and off desaturations but spontaneously recovering.In view of persistent desaturations on day 27 of life, viral panel along with sepsis screen was sent and viral panel came positive for Respiratory syncytial virus infection. Baby kept in Comfortable prone position and started on nebulisations. Gradually HFNC tapered.
Currently baby is on HFNC support at FIO2 of 21-23% and flow of 2 lt/min. Caffeine is being continued

CVS: Baby remained normotensive, haemodynamically stable during NICU stay.
2D ECHO done at D3 O/L was suggestive of small ASD with left to right shunt, 1.3mm PDA, PAH+ mild bilateral PPS and good biventricular function.
Repeat 2D Echo on day 20 of life : small ASD, Tiny PDA, minimal PPS.

Apollo Specialty Hospitals Private Limited Bangalore

Apollo Cradle & Children's Hospital

Inj Paracetamol was started for medical management of PDA and given for 5 days. Repeat Echo on 11/4/2025 showed closing PDA.
Umbilical lines were placed on D1 O/L under full asepsis which was removed on D6 O/L with placement of PICC lines.

Fluids and GIT : Baby was started on IV fluids and aminoven within first 2 hours of life. Colostrum smear was given. OG feeds was started with EBM since D4 O/L. Lipid infusion was added. Trophic feeds were given. Baby had bilious OG aspirations, feeds were skipped. Rectal stimulation was given. Gradually feeds were restarted. TPN is being continued. Trophic feeds were started, at 1ml 6th hourly feeds via OGT. Baby was having intermittent slightly greenish OG aspirations. Gradually feeds were graded up as tolerated and reached full feeds by OGT at Day 15 of life. PICC line removed on day 18 of life and new one reinserted with Aminoven on flow.Fortifier added on day 23 of life. PICC line removed on day 28 of life and stopped aminoven.
Currently baby is taking 19 ml/ 2hrly by OGT with HMF -A 1:25.

Sepsis: Antibiotics AMPICILLIN and GENTAMICIN were started soon after birth in view of prematurity and respiratory distress. Initial CRP was positive. Repeat values were high, hence antibiotics upgraded to PIPTAZ and AMIKACIN after repeating blood cultures. Serial monitoring of CRP done, in decreasing trend. Blood cultures were negative. Antibiotics were stopped after 10 days.
On day 12 of life baby had temperature spikes and tachycardia, appearing clinically septic, repeat sepsis work up was sent and started on Inj MEROPENEM. Septic work up was negative, cultures were sterile. antibiotics were stopped after 3 days. On day 27 of life , in view of intermittent persistent desaturations with spontaneous recovery, sepsis screen sent and viral panel also sent as other twin was having covid 19 and RSV infection positive.Reports showed positive for respiratory syncytial virus infection. sepsis screen negative.Nebulisations being continued.

CNS- Tone and activity appropriate for gestational age. Eye movements are fine. AF is at level. Cranial ultrasound done by radiologist on D3 of life showed connatal cysts, mild bilateral flare and no other significant abnormalities.
Repeat NSG done by radiologist on 24/3/2025 : B/L Connatal cysts seen, no internal changes seen. Cysts seen in B/L medial temporal lobes measuring 5.5X5mm on right and 4.5X4mm on left.
Repeat NSG on 4/4/2025: B/L Connatal cysts seen, no internal changes seen. Cysts seen in B/L medial temporal lobes measuring 5.5X5mm on right and 5x4.5mm on left likely choroid fissure cyst. cavum septum pellucidum seen.

Haematology: Blood parameters along with DCT were normal. The baby required on/off phototherapy for physiological neonatal jaundice
DCT at birth was normal with no evidence of hemolysis thereafter.
On day 5 O/L, Hb was 11g%, on respiratory support and medical management for PDA, PRBC was transfused.
Last Hb done on 15/03/2025 is 9.6 g%. Repeat Hb was 9.3gm% on 11/04/2025 Prbc transfusion done which was leukodepleted and irradiated.

GROWTH: Most of growth parameters are falling at around 10th centile on Fentons growth chart
ROP screening done on 22/03/2025 : Zone 2 avascular Retina, no plus. Follow up on 04/04/2025 showed zone2 stage 1 , no plus disease.
NBS: NBS to be sent when baby reaches full feeds
Vaccination: Inj Vitamin K given at birth. To vaccinate further as per chronological age.
Hearing screening to be done at discharge

Condition at present:
Baby is under warmer care, currently baby is Day 38, and Corrected gestation 32+3wks, weighing 1170grams is on respiratory support- HFNC at 2L/min with nebulisations. Caffeine is being continued. On 19ml feeds via OGT 2nd hourly with fortification.

Baby requires continued stay in NICU until baby is off respiratory support, on full oral feeds and is CGA >34weeks and weight >1.5Kg. Baby needs level 3 NICU care for further 6-7 weeks approximately, which may be prolonged if any complications.
All reports enclosed.
Communication: Parents have been regularly updated during stay.

Apollo Specialty Hospitals Private Limited * Bangalore

Apollo Cradle & Children's Hospital

Registrar Disclaimer: I have seen all the medical details of the above patient and confirm they are correct to the best of my knowledge

Name:Dr A.AKHILA/Dr.TANMAYA Signature.....

Parent Disclaimer:- I have gone through the medical record including gender, date of birth and time among other things including medications

Name..... Signature.....

Dr.Sunil kumar Gonuguntla
Consultant Neonatologist and Pediatrician

Apollo Specialty Hospitals Private Limited Bangalore

Apollo Specialty Hospitals Private Limited Bangalore

Apollo
TOUCHING LIVES

Apollo Cradle & Children's Hospital

TO whomsoever Concerned

B/o Manjeisha Twin-2.

This is a 27 weeker preterm, low birth weight with birth weight of 790gms. In view of respiratory distress, baby was intubated and given surfactant in OT and shifted to NICU & started on IV Antibiotics and IV fluids after sending sepsis screen.

Today, at present baby is day 2 of life, on mechanical ventilator support, NIL per oral, on I/V fluids and I/V antibiotics. Total parental nutrition.

Baby requires NICU stay for approximately 1½ – 2 months. stay can be extended depending on baby's condition.

Dr. Sunil
6/5/25

MARATHAHALLI
101/209 & 210, ITPL Main Road, Kundalahalli, Brookefield, Bangalore - 560 037 T: +91 80 4944 4111
Visit us: www.apollocradle.com * Write to us: contactus@apollocradle.com

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED
CIN - U85100TG2009PTC099414
Regd. Office: 7-1-617/A, 615 & 616, Imperial Tower, 7th Floor, Opp. to Ameerpet Metro Station, Ameerpet, Hyderabad 500038, Telangana. Ph: +91-40-4904 7777 | Fax: +91-40-4904 7744, Web: www.thecradle.in

Apollo
TOUCHING LIVES

Apollo Cradle & Children's Hospital

To whomsoever concerned

B/O MANJUSHA. TWIN-1

This is a 27 weeker preterm, low birth weight with Birth weight of 850 gms. In view of respiratory distress, baby was intubated and given surfactant in OT and shifted to NICU & started on IV Antibiotics and IV fluids after sending sepsis screen.

Today, at present baby is Day 2 of life, On mechanical ventilator support, Nil per oral, On IV fluids and IV Antibiotics, Total parental nutrition

Baby requires NICU stay for approximately 1½-2 months. Stay can be extended depending on baby's condition.

Dr Sunil
6/5/25.

MARATHAHALLI
101/209 & 210, ITPL Main Road, Kundalahalli, Brookefield, Bangalore - 560 037 T: +91 80 4944 4111
Visit us: www.apollocradle.com • Write to us: contactus@apollocradle.com

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED
CIN - U85100TG2009PTC099414
Regd. Office: 7-1-617/A, 615 & 616, Imperial Tower, 7th Floor, Opp. to Ameerpet Metro Station, Ameerpet, Hyderabad 500038, Telangana. Ph: +91-40-4904 7777 | Fax: +91-40-4904 7744, Web: www.thecradle.in

Apollo
TOUCHING LIVES

Apollo DIAGNOSTICS®
Expertise. Empowering you.

Patient Name	: B/OVENKATA MANJUSHA TWIN 2	Collected	: 04/May/2025 10:53PM
Age/Gender	: 0 Y 0 M 0 D/M	Received	: 05/May/2025 12:12AM
UHID/MR No	: RMAR.0000101908	Reported	: 05/May/2025 12:29AM
Visit ID	: RMARIPV25992	Status	: Final Report
Ref Doctor	: Dr.SATISH REDDY H		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
C-REACTIVE PROTEIN CRP (QUANTITATIVE) , *SERUM*	3	mg/L	< 5	IMMUNOTURBIMETRY

Comment:

C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation. Measuring changes in the concentration of CRP provides useful diagnostic information about the level of acuity and severity of a disease. Unlike ESR, CRP levels are not influenced by hematologic conditions such as anemia, polycythemia etc.

Increased levels are consistent with an acute inflammatory process. After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively.Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).

***** End Of Report *****

Result/s to Follow:
COOMBS TEST (DIRECT) / DIRECT ANTIGLOBULIN, CULTURE AND SENSITIVITY - AEROBIC (BLOOD)

Dr.Nisha
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:SE04713975

Apollo
TOUCHING LIVES

Apollo DIAGNOSTICS®
Expertise. Empowering you.

Patient Name	: B/OVENKATA MANJUSHA TWIN 2	Collected	: 04/May/2025 10:53PM
Age/Gender	: 0 Y 0 M 0 D/M	Received	: 05/May/2025 12:12AM
UHID/MR No	: RMAR.0000101908	Reported	: 05/May/2025 12:29AM
Visit ID	: RMARIPV25992	Status	: Final Report
Ref Doctor	: Dr.SATISH REDDY H		

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD EDTA*				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Dr.Nisha
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:BED240119093

Apollo
TOUCHING LIVES

Apollo DIAGNOSTICS®
Expertise. Empowering you.

Patient Name	: B/OVENKATA MANJUSHA TWIN 2	Collected	: 04/May/2025 10:53PM
Age/Gender	: 0 Y 0 M 0 D/M	Received	: 05/May/2025 12:12AM
UHID/MR No	: RMAR.0000101908	Reported	: 05/May/2025 12:29AM
Visit ID	: RMARIPV25992	Status	: Final Report
Ref Doctor	: Dr.SATISH REDDY H		

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT (CBC) , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	14.4	g/dL	14-22	Spectrophotometer
PCV	**43.70**	%	45-75	Electronic pulse & Calculation
RBC COUNT	**3.83**	Million/cu.mm	5.0-7.0	Electrical Impedence
MCV	114.1	fL	100-120	Calculated
MCH	**37.7**	pg	31-37	Calculated
MCHC	33	g/dL	30-36	Calculated
R.D.W	**15.9**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	**3,650**	cells/cu.mm	10000-26000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	**58.9**	%	40-54	Electrical Impedance
LYMPHOCYTES	**23.9**	%	30-31	Electrical Impedance
EOSINOPHILS	**9**	%	1-4	Electrical Impedance
MONOCYTES	7.5	%	5-8	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
CORRECTED TLC	3,650	Cells/cu.mm		Calculated
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	**2149.85**	Cells/cu.mm	4000-14000	Calculated
LYMPHOCYTES	**872.35**	Cells/cu.mm	3000-8000	Calculated
EOSINOPHILS	328.5	Cells/cu.mm	100-1000	Calculated
MONOCYTES	**273.75**	Cells/cu.mm	500-2000	Calculated
BASOPHILS	25.55	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.46		0.78- 3.53	Calculated
PLATELET COUNT	209000	cells/cu.mm	100000-450000	Electrical impedence

Dr.Nisha
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:BED240119093

Apollo
TOUCHING LIVES

Apollo DIAGNOSTICS®
Expertise. Empowering you.

Patient Name	: B/OVENKATA MANJUSHA TWIN 1	Collected	: 04/May/2025 10:53PM
Age/Gender	: 0 Y 0 M 0 D/F	Received	: 05/May/2025 12:12AM
UHID/MR No	: RMAR.0000101907	Reported	: 05/May/2025 12:29AM
Visit ID	: RMARIPV25991	Status	: Final Report
Ref Doctor	: Dr.SATISH REDDY H		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
C-REACTIVE PROTEIN CRP (QUANTITATIVE) , *SERUM*	**15**	mg/L	< 5	IMMUNOTURBIMETRY

Comment:

C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation. Measuring changes in the concentration of CRP provides useful diagnostic information about the level of acuity and severity of a disease. Unlike ESR, CRP levels are not influenced by hematologic conditions such as anemia, polycythemia etc.

Increased levels are consistent with an acute inflammatory process. After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively.Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).

***** End Of Report *****

Result/s to Follow:
CULTURE AND SENSITIVITY - AEROBIC (BLOOD), COOMBS TEST (DIRECT) / DIRECT ANTIGLOBULIN

Dr.Nisha
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:SE04713974

Apollo
TOUCHING LIVES

Apollo DIAGNOSTICS®
Expertise. Empowering you.

Patient Name	: B/OVENKATA MANJUSHA TWIN 1	Collected	: 04/May/2025 10:53PM
Age/Gender	: 0 Y 0 M 0 D/F	Received	: 05/May/2025 12:12AM
UHID/MR No	: RMAR.0000101907	Reported	: 05/May/2025 12:29AM
Visit ID	: RMARIPV25991	Status	: Final Report
Ref Doctor	: Dr.SATISH REDDY H		

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT (CBC) , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	**12.9**	g/dL	14-22	Spectrophotometer
PCV	**38.10**	%	45-75	Electronic pulse & Calculation
RBC COUNT	**3.38**	Million/cu.mm	5.0-7.0	Electrical Impedence
MCV	113	fL	100-120	Calculated
MCH	**38.3**	pg	31-37	Calculated
MCHC	33.9	g/dL	30-36	Calculated
R.D.W	**14.2**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	**4,580**	cells/cu.mm	10000-26000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	**30**	%	40-54	Electrical Impedance
LYMPHOCYTES	**40**	%	30-31	Electrical Impedance
EOSINOPHILS	3.4	%	1-4	Electrical Impedance
MONOCYTES	**25.2**	%	5-8	Electrical Impedance
BASOPHILS	1.4	%	<1-2	Electrical Impedance
CORRECTED TLC	4,580	Cells/cu.mm		Calculated
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	**1374**	Cells/cu.mm	4000-14000	Calculated
LYMPHOCYTES	**1832**	Cells/cu.mm	3000-8000	Calculated
EOSINOPHILS	155.72	Cells/cu.mm	100-1000	Calculated
MONOCYTES	1154.16	Cells/cu.mm	500-2000	Calculated
BASOPHILS	64.12	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	**0.75**		0.78- 3.53	Calculated
PLATELET COUNT	237000	cells/cu.mm	100000-450000	Electrical impedence

Dr.Nisha
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:BED240119092

Apollo
TOUCHING LIVES

Apollo DIAGNOSTICS®
Expertise. Empowering you.

Patient Name	: B/OVENKATA MANJUSHA TWIN 1	Collected	: 04/May/2025 10:53PM
Age/Gender	: 0 Y 0 M 0 D/F	Received	: 05/May/2025 12:12AM
UHID/MR No	: RMAR.0000101907	Reported	: 05/May/2025 12:29AM
Visit ID	: RMARIPV25991	Status	: Final Report
Ref Doctor	: Dr.SATISH REDDY H		

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD EDTA*				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Dr.Nisha
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:BED240119092

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED
CIN - U85100TG2000PTC099414
Regd. Office: 7-1-617/A, 615 & 616, Imperial Tower, 7th Floor, Opp. to Ameerpet Metro Station, Ameerpet, Hyderabad 500038.

Apollo

Apollo Cradle & Children's Hospital

TO whomsoever Concerned

B/o Manjisha Twin-2.

This is a 27 weeker preterm, low birth weight with birth weight of 790gms. In view of respiratory distress, baby was intubated and given surfactant in OT and shifted to NICU & started on IV Antibiotics and IV fluids after sending sepsis screen.

Today, at present baby is day 2 of life. On mechanical ventilator support, NIL per oral, on I/V fluids and I/V antibiotics. Total parental nutrition.

Baby requires NICU stay for approximately 1½ – 2 months. Stay can be extended depending on baby's condition.

Regards
Dr. Sunil
6/5/25

Apollo Specialty Hospitals Private Limited * Bangalore

MARATHAHALLI
101/209 & 210, ITPL Main Road, Kundalahalli, Brookefield, Bangalore - 560 037. T: +91 80 4944 4111
Visit us: www.apollocradle.com • Write to us: contactus@apollocradle.com

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

KHUSHI
Foundation Charitable Society
We dedicated to education & health

KHUSHI FOUNDATION CHARITABLE SOCIETY (REGD.)

Registration No: S/2941/2022 Pan No: AAJAK6962B

Date 26/05/25

सेवा मे,

श्रीमति अध्यक्ष (गीता यादव जी)
खुशी फाउंडेशन चेरिटेबल सोसायटी

महोदया, मैं आपसे विन्ती करता हु मेरे बच्चो की हालत बहुत ज्यादा खराब है मेरे बच्चे जुडवा है मेरे बच्चे 9 दिन के है मेरे बच्चे को (Neuro - Pre-Mature) है इस बिमारी का बहुत महंगा इलाज है मै अपने बच्चे का इलाज करवाने मे असमर्थ हु आप मेरे बच्चे की ज्यादा से ज्यादा सहायता कीजिए! जिससे मेरे बच्चे को नया जीवन मिला सके आप की मदद से मेरे बच्चे की जान बच सकती है मै आपका जिन्दगी भर आभारी रहुगा!

निवेदन कर्ता
बच्चे का पिता
विनोद

Geetayam

KHUSHI FOUNDATION CHARITABLE SOCIETY ★ KHUSHI
Regd. No 2941

Head Office: F-2/7, G/F, Village Khanpur, South Delhi New Delhi (India) -110062
Email: foundationkhushi9@gmail.com
Contact: +91 9873886160 | +91 8384080823 | +91 9871572176