







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.	8117
D.O.A.	17/07/2012 12:00 PM
D.O.D.	

Patient's Name B/o Pooja
S/W/D of Enishad Age 11 Sex Male
Occupation _____ Marital Status _____
Address Sec - 62 in Rajpura
Phone No. _____
Consultant Incharge Dr. Pooja Kaur Relation Father

Patient Name:	Baby of POOJA	Age / Sex:	10 days / M
Referred By:	Dr. SWASTIK MULTISPECIALITY HOS.	Date:	17/07/2025
Reg. no.	73916		
Collected on:	17/07/2025	Reported on:	17/07/2025 12:30 PM



73916

HAEMATOLOGY
COMPLETE BLOOD COUNT (CBC)

TEST	VALUE	UNIT	REFERENCE
Hemoglobin	L 14.1	g/dl	17 - 23
Total Leukocyte Count	8,600	cumm	4,000 - 11,000
Differential Leucocyte Count			
Neutrophils	40	%	40 - 80
Lymphocyte	H 51	%	20 - 40
Eosinophils	04	%	1 - 6
Monocytes	05	%	2 - 10
Basophils		%	< 2
Platelet Count	2.08	laks/cumm	1.5 - 4.5
Total RBC Count	L 4.0	million/cumm	4.5 - 5.5
Hematocrit Value, Hct	45.5	%	40 - 50
Mean Corpuscular Volume, MCV	H 113.8	fL	83 - 101
Mean Cell Haemoglobin, MCH	H 35.3	Pg	27 - 32
Mean Cell Haemoglobin CON, MCHC	L 31.0	%	31.5 - 34.5
Mean Platelet Volume, MPV	11.1	fL	6.5 - 12
R.D.W. - SD	H 58.1	fL	39 - 46
R.D.W. - CV	H 14.9	%	11.6 - 14

--- End of report ---



Anil Kumar
M.Sc. Microbiology
Lab Incharge

Bushra
Dr Bushra Abid
M.B.B.S, M.D
Consultant pathologist

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Eosinophils	04	%	1 - 6
Monocytes	05	%	2 - 10
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Page 1 of 1



Hospital Recommendation letter

Date: 31/07/2025

Name of the child:- Baby Of Pooja

Age:- 10 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 800000/-

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. (I.M.)
Reg. No. HN-7303

Name of Medical Practitioner: Dr. Pawan Kumar Sharma

Designation: Consultant Paediatrics

Department: Paediatrics

दिनांक - 31/07/2025

सेवा में

वचन केयर ऑर्गनाइजेशन

महोदय,

सविनय निवेदन यह है कि मेरा बच्चा बहुत
नाजुक हालत में है मैं ज़रीबी से घबरा
रहा हूँ इस कारण अपने बच्चे की
सहायता नहीं कर पा रहा हूँ। मेरा बच्चा
बहुत धीरा है। उसका स्वास्थ्य खराब
होता जा रहा है। मैं आपसे विनती
करता हूँ मेरे बच्चे की स्वास्थ्य सुधारने
में मदद करे कृपा करके आपकी
असली कृपा होगी मेरी पूरा
परिवार आभारी रहेगा आप पर

प्राथी

इरशाद

Refer to back card.

12

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