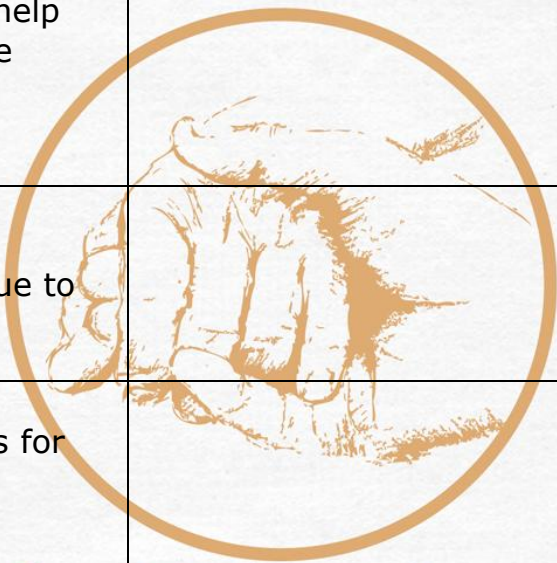


Patient Number: _____

Problem areas where help is needed

Problem Areas where help needed	Details
Expert Advise Consultation needed	
Family/ social issues help needed due to disease	
Employment issues due to disease	
Financial future issues for family due to disease advise needed	
Psychological counselling issues	
Treatment not possible in J&K help needed	
Any other issues including awareness in the local area	



Help Saba Cancer Charitable Trust



Medical/ Surgical and drug expenses/ help needed

Type	Brand, type and name	Amount/ units needed and frequency (example per month or one time etc)	Market cost per unit
Drugs/ Medicine			Total one time Total per month:
Equipments or devices needed			Total one time Total per month:
Any other expenses estimated (example referred to outside state etc)			Total one time: Total per month:

Market Rate Estimation from above:-

Name of the vendor/ supplier from whom rates verified _____
 Total monthly expenses from above calculations _____
 Total one time expenses from above calculations _____



Comparative from lowest bidder/ purchase order

Type	Brand, type and name	Amount/ units needed and frequency (example per month or one time etc)	Market cost per unit
Drugs/ Medicine			Total one time Total per month:
Equipments or devices needed			Total one time Total per month:
Any other expenses estimated (example referred to outside state etc)			Total one time: Total per month:

Lowest Rate Estimation from above:-

Name of the vendor/ supplier from whom rates verified _____

Total monthly expenses from above calculations _____

Total one time expenses from above calculations _____

