	Date
Name of the Patient _	
with c/o	

Contact: 7799177849





## Dr Pipavath Thirupathi Jadhav

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Consultant Pulmonologist & General Physician

**Specialist in:-** TB, HIV, Asthma, COPD Lung Cancer, Allergy Sleep Disorders, Obesity OSA, Pleural Effusion, Pneumonia, Bronchiectasis ABPA, ILD (Interstital Lung)

Dear, <b>Dr Pipavath Thiru</b> l	Date	
am referring Mr. / Mrs		
He / She is Suffering from _		
Kind	ly examine and do the	needful
Referred by		
Dr. (Name)		
Phone :		
<ul> <li>Fever</li> <li>Cough</li> <li>Breathing Difficulty</li> <li>Chest Pain</li> <li>Tb</li> </ul>	<ul><li>COPD</li><li>Asthma</li><li>Lung Cancer</li><li>Allergy</li><li>Bronchoscopy</li></ul>	<ul> <li>Pft/ Spirometry (ISO)</li> <li>Sleep Study</li> <li>Allergy Test</li> <li>Ebus</li> <li>Thoracocentesis</li> <li>Lung Biopsy</li> </ul>

- A-304, Pranik chambers Sakinaka, Andheri (E), Maharashtra -400072. 7.00 pm to 8.00 pm
- Neelyog veydaanta Bldg, A Wing Ground & First Floor, Andheri - Ghatkopar Rd, Nityanand Nagar, Ghatkopar West, Mumbai, Maharashtra 400086.