|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dr. Sanjiv Jadhav | | | | |  | | |  |  | | |  | | Dr. Sanjiv Jadhav | | | | |  | | |  |  | |
| M.B.B.S.,D.G.O | | |  | |  | | |  |  | | |  | | M.B.B.S.,D.G.O | | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
| SHRADDHA HOSPITAL | | | | | | | |  |  | | |  | | SHRADDHA HOSPITAL | | | | | | | |  |  | |
| Sr.No.43, Parashar Soc., Pune Nagar Road | | | | | | | | |  | | |  | | Sr.No.43, Parashar Soc., Pune Nagar Road | | | | | | | | |  | |
| Chandannagar, Pune-14. | | | | | | | |  |  | | |  | | Chandannagar, Pune-14. | | | | | | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
| Dear Dr. | | |  | |  | | |  |  | | |  | | Dear Dr. | | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
| Refering here with my patient | | | | | | | |  |  | | |  | | Refering here with my patient | | | | | | | |  |  | |
| Mrs. |  | |  | |  | | |  |  | | |  | | Mrs. |  | |  | |  | | |  |  | |
| Age : |  | | Sex : | |  | | |  |  | | |  | | Age : |  | | Sex : | |  | | |  |  | |
| Indication : | | |  | |  | | |  |  | | |  | | Indication : | | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
| Clinical Details: | | |  | |  | | |  |  | | |  | | Clinical Details: | | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
| With regards | | |  | |  | | |  |  | | |  | | With regards | | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
| Date : | | |  | |  | | | Your's | | | |  | | Date : | | |  | |  | | | Your's | | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
| Dr. Sanjiv Jadhav | | | | |  | | |  |  | | |  | | Dr. Sanjiv Jadhav | | | | |  | | |  |  | |
| M.B.B.S.,D.G.O | | |  | |  | | |  |  | | |  | | M.B.B.S.,D.G.O | | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
| SHRADDHA HOSPITAL | | | | | | | |  |  | | |  | | SHRADDHA HOSPITAL | | | | | | | |  |  | |
| Sr.No.43, Parashar Soc., Pune Nagar Road | | | | | | | | |  | | |  | | Sr.No.43, Parashar Soc., Pune Nagar Road | | | | | | | | |  | |
| Chandannagar, Pune-14. | | | | | | | |  |  | | |  | | Chandannagar, Pune-14. | | | | | | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
| Dear Dr. | | |  | |  | | |  |  | | |  | | Dear Dr. | | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
| Refering here with my patient | | | | | | | |  |  | | |  | | Refering here with my patient | | | | | | | |  |  | |
| Mrs. |  | |  | |  | | |  |  | | |  | | Mrs. |  | |  | |  | | |  |  | |
| Age : |  | | Sex : | |  | | |  |  | | |  | | Age : |  | | Sex : | |  | | |  |  | |
| Indication : | | |  | |  | | |  |  | | |  | | Indication : | | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
| Clinical Details : | | |  | |  | | |  |  | | |  | | Clinical Details : | | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
| With regards | | |  | |  | | |  |  | | |  | | With regards | | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
| Date : | | |  | |  | | | Your's | | | |  | | Date : | | |  | |  | | | Your's | | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
|  | |  | |  | |  |  | | |  |  | |  | | |  | |  | |  |  | | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |
|  |  | |  | |  | | |  |  | | |  | |  |  | |  | |  | | |  |  | |