

Clinic Date:  
Date Typed:  
Ref:

**Respiratory Department**  
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Bath  
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Dr  
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Trowbridge  
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Dear Dr

**TWO WEEK WAIT CLINIC**


<b>PATIENT</b>	<b>Name:</b>	<b>dob:</b>	<b>RUH:</b>	
	<b>Address:</b>			
	<b>Tel No:</b>			
<b>DIAGNOSES</b>	1. Partial right upper lobe collapse 2. Airways obstruction 3. Type 2 diabetes			
<b>LUNG FUNCTION</b>	<b>FEV<sub>1</sub></b>	1.36	71 % predicted	
	<b>FVC</b>	2.30	100 % predicted	
	<b>Ratio</b>	59%		
<b>WHO PERF STATUS</b>	0-1	<b>SMOKING HX</b>	Ex, stopped 2 months	40 pk yr history
<b>WEIGHT</b>	69kg	<b>BMI</b>	30	

Many thanks for referring.....

**MANAGEMENT PLAN:**

1. Bronchoscopy
2. Routine blood tests
3. Discuss case in Lung MDT after bronchoscopy
4. Arrange follow up accordingly

Yours sincerely



**Dr Vidan Masani MBBS FRCP**  
**Consultant Respiratory Physician**  
(signed electronically to avoid delay)