

ANJANI SINHA MEDICAL P.C.

Anjani Sinha, MD

Orthopedic Surgeon

164-10 Northern Boulevard, Suite 204 Flushing, NY 11358

Tel: 718-886-2011 Fax: 929-333-7950
anjanisinhamedicalpc@gmail.com

Date: _____

Patient Name: _____ DOB: _____

Diagnosis: _____

This letter is to verify that the above-named patient has a pending surgery.

Procedure: _____

Date of Procedure: _____

Place of Service: _____

Comments: _____

Sincerely,



Anjani K. Sinha, M.D.