

# ANJANI SINHA MEDICAL P.C.

Anjani Sinha, MD

Orthopedic Surgeon

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Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

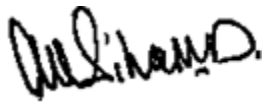
Diagnosis: \_\_\_\_\_

- ☐ The patient was seen in my office today.
- ☐ The patient has a follow-up appointment on \_\_\_\_\_
- ☐ The patient must refrain from work for the following \_\_\_\_\_ week(s).
- ☐ The patient may return to work without restrictions on \_\_\_\_\_.
- ☐ The patient may return to work, light duty, on \_\_\_\_\_.
- ☐ The patient may return to work, light duty, with the following restrictions; no heavy lifting, pushing, pulling, or carrying activities.

Comments: \_\_\_\_\_

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Sincerely,



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Anjani K. Sinha, M.D.