

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

anjansinhamedicalpc@gmail.com

Date: _____

Patient Name: _____ DOB: _____

Diagnosis: _____

The above-named patient had _____ surgery performed on _____.

The patient has difficulties with lifting, prolonged sitting, reaching overhead, repetitive bending, and carrying. These activities are required at work; therefore, the patient is unable to work and is temporarily totally disabled for the following _____ week(s).

Sincerely,



Anjani K. Sinha, M.D.