

Ketan D. Vora, DO, P.C

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Date:

Re:

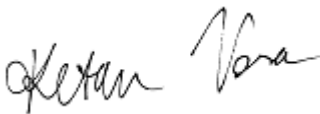
D.O.A:

To whom it may concern:

Please be advised that the above referenced patient is currently under my professional care for injuries caused by a motor vehicle accident sustained on _____. Patient is scheduled for a procedure in our NJ surgery center on _____. Please excuse the patient from work/school for this day. Patient will also need to be excused for _____, days after the procedure for full recovery.

For any further information please contact us at the above mentioned number.

Thank you in advance,



Ketan D. Vora, D.O.

Diplomat of the American Board of Physical Medicine and Rehabilitation

Diplomat of the American Board of Pain Management

Sports Medicine Board Eligible

Interventional Spine

NYS WCB License # 243182-3w, coded OPCPMR