

Ketan D. Vora, DO, P.C

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Date:

Re:

To Whom It May Concern:

Please be advised that patient above has been under my professional care since _____ until present. The patient is being treated for injuries caused by a work related accident that occurred on _____. The patient is receiving physical therapy, chiropractic, acupuncture and pain management care. The patient is unable to return to work at this time until the conclusion of the treatment. The patient will be re-evaluated in 4 to 6 weeks to assess the condition and work status.

Sincerely,



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