

Christopher S. Durant, MD

Board Certified Orthopedic Surgeon

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To whom it may concern,

My Patient, _____ is scheduled to

have a _____ Arthroscopy on _____.

The patient will need 4-6 weeks to recover from the procedure. If you
have any questions or concerns, please contact my office.

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Durant', is written over a horizontal line.

Christopher Durant, MD

LIC#: 166030