

UK Sinha Physician, P.C.

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U.K. Sinha, MD, MS (Ortho), FAAOS
Board Certified Orthopedic Surgeon

Date:

Name:

DOB:

To Whom It May Concern:

This is to certify that the above-named patient is **scheduled for / had** surgery on _____ for

☐ Arthroscopy of Right Shoulder

☐ Arthroscopy of Left Shoulder

☐ Arthroscopy of Right Knee

☐ Arthroscopy of Left Knee

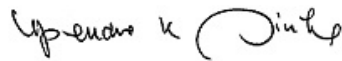
☐ The patient can resume full work on _____.

☐ The patient can join work in limited / full capacity.

If any further information is needed, please feel free to contact our office.

Sincerely,

Mellita Shakhmurov, PA-C



Upendra K. Sinha, MD