

UK Sinha Physician, P.C.

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

DATE: _____

Patient's Name: _____

DOB: _____

To Whom It May Concern:

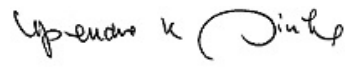
This letter is to certify that the above-mentioned patient is under my professional care for _____ injury sustained at _____ accident _____ which occurred on _____ (DOA) . Please be advised that patient was in our facility at _____ on _____ (DOV) for the orthopedical evaluation.

Please excuse any inconveniences this may cause. If you have any questions regarding this matter, do not hesitate to contact our office at 718-480-1130 with any questions or concerns.

Thank you in advance for your consideration.

Respectfully,

Mellita Shakhmurov, PA-C



Upendra K. Sinha, MD