

**ANJANI SINHA MEDICAL P.C.**

**Anjani Sinha, MD**

**Orthopedic Surgeon**

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Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

The above-named patient had \_\_\_\_\_ surgery performed on \_\_\_\_\_.

The patient has difficulties with lifting, prolonged sitting, reaching overhead, repetitive bending, and carrying. These activities are required at work; therefore, the patient is unable to work and is temporarily totally disabled for the following \_\_\_\_\_ week(s).

Sincerely,



\_\_\_\_\_  
Anjani K. Sinha, M.D.