

ANJANI SINHA MEDICAL P.C.

Anjani Sinha, MD

Orthopedic Surgeon

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Date: _____

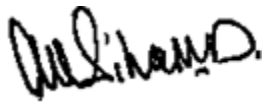
Patient Name: _____ DOB: _____

Diagnosis: _____

- ☐ The patient was seen in my office today.
- ☐ The patient has a follow-up appointment on _____
- ☐ The patient must refrain from work for the following _____ week(s).
- ☐ The patient may return to work without restrictions on _____.
- ☐ The patient may return to work, light duty, on _____.
- ☐ The patient may return to work, light duty, with the following restrictions; no heavy lifting, pushing, pulling, or carrying activities.

Comments: _____

Sincerely,



Anjani K. Sinha, M.D.