

**ANJANI SINHA MEDICAL P.C.**

**Anjani Sinha, MD**

**Orthopedic Surgeon**

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

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

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

This letter is to verify that the above-named patient has a pending surgery.

Procedure: \_\_\_\_\_

Date of Procedure: \_\_\_\_\_

Place of Service: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sincerely,



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