

Date_____

LIC ME 123632

NPI 1811283724



Modern Times Women's OBGYN

Rahil Malik MD

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Plantation, Florida 33322

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Fax 954-791-3166



Name: _____



Pt was seen on above date and is currently receiving obstetric and or gynecologic care in my office.

She is cleared to return to work on_____

She is cleared to return

☐ without restrictions

☐ with restrictions _____

Please call the office if you have any questions. Thank you.

Rahil Malik

MD SIGNATURE