

Date _____

LIC ME 123632

NPI 1811283724



Modern Times Women's OBGYN

Rahil Malik MD

1200 N University Drive
Plantation, Florida 33322

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Fax 954-791-3166



Name: _____



Pt was seen on above date and is currently receiving
Gynecologic care at our office. The expected surgery date is

After surgery patient will need _____ weeks for
recovery. Please accommodate as best as possible.

If you have additional questions, please feel free to contact
my office.

Rahil Malik

MD SIGNATURE