Date__________ **LIC ME 123632** **NPI 1811283724**

Modern Times Women's OBGYN
Rahil Malik MD
1200 N University Drive
Plantation, Florida 33322
Tel: 954-791-3090
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.

____

MD SIGNATURE

Date__________ **LIC ME 123632** **NPI 1811283724**

Modern Times Women's OBGYN
Rahil Malik MD
1200 N University Drive
Plantation, Florida 33322
Tel: 954-791-3090
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.

____

MD SIGNATURE

Date__________ **LIC ME 123632** **NPI 1811283724**

Modern Times Women's OBGYN
Rahil Malik MD
1200 N University Drive
Plantation, Florida 33322
Tel: 954-791-3090
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.

____

MD SIGNATURE

Date__________ **LIC ME 123632** **NPI 1811283724**

Modern Times Women's OBGYN
Rahil Malik MD
1200 N University Drive
Plantation, Florida 33322
Tel: 954-791-3090
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.

____

MD SIGNATURE