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 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.

_____
MD SIGNATURE

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