MP | MUNSHI
MODERN PAIN

Dr. Omer F. Munshi

DOUBLE – BOARD CERTIFIED IN PAIN MANAGEMENT AND PM&R

TO: _____

ATTN: _____

FAX: _____

PH: _____

RE: _____

DOB: _____

Your patient is scheduled for a _____ on _____.

They are needing:

- ___ Cardiac clearance prior to procedure
- ___ Taking _____ and does not need to be off / NEEDS to be OFF _____ days prior to the procedure
- ___ Is needing a clearance prior to the procedure from you due to _____

_____

_____

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