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# General Hospital

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Date—MUST BE THE SAME YEAR THAT THE APPLICATION IS SUBMITTED

American Board of Orthopaedic Surgery  
400 Silver Cedar Ct.  
Chapel Hill, NC 27514

Dear ABOS:

This letter to verify that Dr. First Name Last Name is an active member of the medical staff at General Hospital. Dr. Last Name has full admitting and surgical privileges at General Hospital. The original appointment was effective on DATE and is still active. It expires on DATE. Please contact us with any questions you have.

Sincerely,



Name

Director

Medical Staff Office