

Name [REDACTED] | DOB: [REDACTED] | MRN: [REDACTED] | PCP: [REDACTED] | Legal Name: [REDACTED]

Letter Details



UF Health Surgery - Jacksonville
653 W 8TH ST
2ND FLOOR, FACULTY CLINIC
JACKSONVILLE FL 32209-6511
Phone: 904-[REDACTED]
Fax: 904-[REDACTED]

August 27, 2024

[REDACTED] MRN: [REDACTED] DOB: [REDACTED]

To whom it may concern,

This letter is to confirm that your employee Mrs. [REDACTED] husband ([REDACTED]) is a patient of Dr. [REDACTED] at UF Health in Jacksonville. The patient underwent surgery with Dr. [REDACTED] on 6/5/24 in Jacksonville, FL. The patient was required to be in Jacksonville starting 6/3/24 to complete pre-operative evaluations in preparation for surgery. He was admitted to the hospital after surgery from 6/5/23 to 6/13/24. He required ICU level care from 6/5/23 to 6/8/24, and Mrs. [REDACTED] was unable to stay overnight with the patient in the hospital during his time in the ICU. Dr. [REDACTED] required that he stay in Jacksonville for a week after discharge from the hospital, and he was present for an in person post-operative visit on 6/18/24. After returning home from Jacksonville, Mrs. [REDACTED] needed to be with the patient at home through his recovery period until 7/7/24, as he required 24/7 assistance. The patient underwent a major cancer operation, and required significant assistance from his wife Mrs. [REDACTED]. Please accommodate her requested time off work during this time, as well as provide any financial assistance available to her through her place of work for reimbursement of out of pocket costs, which were likely costly considering the travel and length of time in Jacksonville required for this operation. Please feel free to contact me with any questions or concerns.

Kind regards,

UF Health Surgery - Jacksonville

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Phone: [REDACTED]
[REDACTED]

This letter was initially viewed by [REDACTED] at 8/28/2024 11:28 AM.

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