



DISABILITY/FMLA LEAVE REQUEST FORM

(The following request is to be completed and returned to the Front Desk) **Instructions:**

NOTE: There is a \$30 fee for FMLA/Disability Forms

- Please completely fill out the employee section
- Please be aware that FMLA forms and disability forms for surgeries take time to fill out.
- We will try to finish your forms as soon as possible, but we have many requests. Forms will be completed in the order that they are submitted. We are unable to rush forms.
- If you need your FMLA forms or your disability forms filled out for your work please bring the correct forms into our office 7-10 business days before the forms are needed.

PLEASE NOTE:

SURGERY MUST BE PERFORMED BEFORE FORMS WILL BE COMPLETED BY OFFICE

Request for (Please Check One):

- FMLA
- Disability

Date of Surgery: _____(required)

Was the patient admitted to hospital? YES No (required)

Name of Hospital: _____(required)

Hospital Admit Date: _____(required)

Hospital Discharge Date: _____(required)

Date of Surgery: _____(required)

Beginning Date of Leave: _____(required)

Ending Date of Leave: _____(required)

Patient Name

Patient Date of Birth

Date

Return fax number: _____