

FMLA / Disability Form

*****Please make sure ALL employee (patient) information has been filled out and ALL required signatures are present. Forms will not be completed by the physician until ALL sections are completed by the employee (patient). There is a fee for the completion of the forms. We charge \$15.00 per episode of care for the requested forms. It is due prior to the release of the forms. Please allow up to 14 business days for completion. *****

Today's Date: _____

Patient's Name: _____

Doctor: _____

Type of Leave Form Left for completion **FMLA** **DISABILITY**

Does the form need to be faxed? **YES** **NO**

If **YES**, what is the fax number? With area code _____

If **NO**, the form be picked up by: _____
relationship Name

What is the BEST phone number to reach you at? _____

Estimated Last Day of Work: _____

Estimated Return to Work: _____

Amount Paid: _____ By **CC** **CASH** **CHECK**

____ Charge posted

____ Payment posted

