



Disability/FMLA Instruction Form

Please allow up to 7 business days for your form(s) to be completed

Our policy regarding completion of all forms is as follows:

- Forms and signed authorization to release medical information must be filled out entirely before our office completes forms.
- Our fee to complete to complete each form is **\$10.00**. This is payable by cash, check or credit card. It must be made prior to the completion of the form.

Patient Name: _____ Date of Birth: __/__/__

Phone number to be reached during normal business hours: _____

If your form is for disability/leave of absence:

When was (or will be) **your first day out of work?** ____/____/____

How long do you or the physician anticipate that you will be out of work?

____ days ____ weeks ____ months

Have you returned to work? YES NO If yes, when? ____/____/____

If you would like your form faxed to your insurance carrier or employer, make sure the fax number is on the form. If it is not on the form, please provide the fax number:

Fax: _____ Attn: _____

If you would like to pick up your form at our office once it is completed, what is a good phone number to reach you to let you know it is ready? _____