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DISABILITY FORM COMPLETION

*****Please allow 7-10 business days to complete forms***

Patient's Name: _____ DOB: _____

Please be sure your name is on all forms and your part is filled out prior to faxing.

If we are completing forms for spouse or other family members please provide name and time requested off.

Spouse/Other

Name: _____

Date leave is to begin: _____ Date of return: _____

Please choose one of the following to help us expedite your forms

Fax#: _____ Attention: _____

or

Mailed to: _____

or

Pick up at the office: Medical Arts Pavilion II

Pike Creek (Please Circle the location you wish to pick up forms)

Glasgow

Please list your EDC or date of Surgery: _____

Please list dates you will begin leave: _____ Date of return: _____

Please note our office allows 6 weeks for a vaginal delivery and 8 weeks for a c-section delivery.

Payment method: _____ Date dropped off: _____

Our office charges \$15 for completion of forms. Payment must be made when forms are dropped off before completion.

Date Received: _____ Date Completed: _____

Completed by: _____