

## FMLA/SHORT TERM DISABILITY PAPERWORK

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone number: \_\_\_\_\_

If the FMLA/STD paperwork is for a family member, their name: \_\_\_\_\_

When the paperwork is complete, would you like to pick up the paperwork, have them faxed to the company, emailed to yourself, or mailed to your home address? \_\_\_\_\_

If you chose, fax, email, or mailed please provide the corresponding information:

\_\_\_\_\_

### **Pregnancy:**

Due date: \_\_\_\_\_

Date of delivery: \_\_\_\_\_ Vaginal or C-Section (Please Circle)

Were you off of work prior to your delivery? If yes, why? \_\_\_\_\_

### **Surgery:**

When is/was your surgery: \_\_\_\_\_

What type of surgery is scheduled: \_\_\_\_\_

Which physician is performing your surgery: \_\_\_\_\_

How long did the physician recommend that you remain off of work for recovery: \_\_\_\_\_

\_\_\_\_\_

### **Please read and initial next to each statement**

I understand that the completion of my paperwork can take between 7-10 business days. \_\_\_\_\_

I understand that if I request to have the paperwork sent directly to the company, or have communication with my employer or FMLA/STD Company, I will fill out the medical record release on the reverse side of this form. \_\_\_\_\_

I understand that the FMLA/STD paperwork is a \$25 charge per person for the completion of the paperwork. \_\_\_\_\_ Please email this form to [transcription@obgyndm.com](mailto:transcription@obgyndm.com)