

FMLA & Leave Paperwork Request

Submit this completed form with FMLA paperwork

Please circle: **Insurance** or **Cosmetic**

Patient Name: _____ DOB: _____

Paperwork is being requested for (name): _____

Relationship to patient: _____

Paperwork is being completed for: WORK/ SCHOOL/ OTHER

Name of business/ organization: _____

Anticipated First Date of Leave: _____/_____/_____

Anticipated End Date of Leave: _____/_____/_____

What should we do with your paperwork when it is completed?

Mail Paperwork to: Organization: _____

Attention: _____

Address: _____

City/ State/ Zip: _____

Fax Paperwork Attention: _____

Fax Number: _____

Leave Paperwork for me to pick up

Please note that every attempt is made to process paperwork in a timely manner. However, due to the high volume of requests and the need for your physician's input, it may take a week or more to process your request. Thank you for your patience and understanding.

For Office Use Only

Date Request was received: _____

Date paperwork was completed: _____

Was \$10 fee collected: _____