



## **Patient Leave (FMLA) & Accommodation Form**

We are committed to providing the best possible medical care. At times, care includes supplying patients with Family Medical Leave, Disability or Accommodation forms. Our doctors will not provide any fraudulent information. With that, we cannot excuse you for any reasons other than medically necessary reasons causing patients unable to complete their job duties.

**Paperwork may take 7-10 business days to complete.** Please complete this request form. By signing this form, you are authorizing our office to release your medical information to the provided facility.

### **Which provider is your doctor?**

- |   |  |
|---|--|
| <input type="checkbox"/> Dr Carla Burford   | <input type="checkbox"/> Dr Janna Chibry   |
| <input type="checkbox"/> Dr Anna Stork-Fury | <input type="checkbox"/> Dr Maggie Woods   |
| <input type="checkbox"/> Dr Laura Whisler   | <input type="checkbox"/> Dr Ashley Robbins |

### **Form of payment:**

- \$ 10 cash (received by \_\_\_\_\_)
- \$ 12.50 debit/ credit card (received by \_\_\_\_\_)

### **Once your form(s) are complete, would you like to:**

- pick up a copy of the form(s)
- have our office fax the forms \*\* please provide a fax number \_\_\_\_\_

Patient name Printed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of submission: \_\_\_\_\_

Beginning and end date of request: \_\_\_\_\_

Reasoning for request: \_\_\_\_\_