



FMLA/Short Term Disability Forms

Please allow one week for forms to be processed. There is a \$31.00 fee per form. Fee paid:_____

Please complete the following information:

Date:_____

Patient Name:_____ Date of Birth:_____

Reason for Request: Pregnancy
 Surgery
 Other (please explain)_____

Dates requested for leave:_____

Daytime Phone # where you can be reached if questions:_____

When your paperwork is complete what would you like us to do:

Leave at front desk to pick up
 Mail form to : _____
 Fax form to : _____

Additional info:_____

Please note payment is required before forms are completed. All sections of the form that are required to be completed by the patient must be filled out prior to our office receiving the form. Please do not write in any section of the form marked for the physician to complete. Disability and FMLA forms completed for pregnancy will be limited to 6 weeks postpartum for a vaginal delivery and 8 weeks postpartum for a cesarean delivery unless there are medical complications requiring extended leave.

Please also complete the Meritas Release of Medical Records Forms. This form is available from the practice, or at www.meritashealth.com