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FMLA/ Short Term Disability Forms

We are happy to complete disability and FMLA forms for you. **There is a \$25.00 charge PER set of forms that must be completed.** This must be paid in advance. We will only complete the physician section of the forms. Please leave this completed form along with your disability/FMLA form(s) and your payment with the receptionist.

Please allow 10 business days for completion of these forms. Thank you!

Patient Name Printed: _____ Date of Birth: _____
Physician: _____
Forms being completed for: Self Spouse Other _____

Dates you are requesting off:
Continuous dates (if required): From: _____ To: _____
Intermittent/hours/dates (if required): _____, _____, _____, _____
(Please note that the paperwork will reflect the medically necessary time off.
ACOG standard time off is 6 weeks for vaginal delivery and 8 weeks for C-Section)

If you worked a reduced schedule, is/was this due to complications? Yes No
If yes, please list complication(s): _____
What date did you begin a reduced schedule? _____

(Please know that if your schedule was reduced for a reason other than medical complications explained by your doctor, your time may not be covered)

delivery info (if delivered) or surgery info:

Date of delivery: _____ Type of delivery: Vaginal Cesarean
Other surgical procedure: _____ Hospital: _____
Date of hospital admission: _____ Date of hospital discharge: _____
Last date worked: _____

Paperwork Pick-up
How would you like for the paperwork to be returned (check all that apply)?
Fax to: _____
Pick up: _____
Call when ready: phone number: _____
Mail: address: _____

SECTION BELOW FOR OFFICE USE ONLY

Date Rcvd _____
Payment amount Collected \$ _____
Method: Cash Ck# _____ Credit/Debit **Date Complete** _____