



**West Suburban
Women's Health, Ltd.**

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REQUEST FOR FMLA or SHORT TERM DISABILITY PAPERWORK COMPLETION

Date of Request: _____

Patient Name: _____ Date of Birth: _____

Type of Form:

- FMLA
- Short Term Disability

How does patient want paperwork sent?

_____ Fax: Number: _____

_____ Send in Mail: Street Address: _____

_____ Office Pick up

Does the patient want a copy of the letter? (Please Circle)? Yes No

Disability is due to:

- Pregnancy
- Surgical Procedure
 - Physician performing surgery _____

Date(s) of Disability: _____

_____ I am aware that there is a **\$20 processing fee** that is due at the time of this request. (*please initial*)

_____ Fee collected (*staff please initial*)

Other Information: _____

Patient Instructions:

FMLA Paperwork – Complete Sections I & II of the Federal Family and Medical Leave Act Form, return to staff member.

Short Term Disability Paperwork - Complete as much of the form as possible, give to staff member for signature