

Form Completion Request

We are pleased to assist you in completing your form. Be advised that due to the volume of paperwork we receive there will be a 7-10 business day processing time frame, as well as a processing fee based on the type of form.

We understand that you may have an urgent deadline for your paperwork and will do our best to accommodate.

We require that all patient sections of the form are completed, including the beginning and end dates or estimated time off for disabilities or FMLA forms, prior to giving us the form.

Patient Name DOB

Patient Address Phone#

Primary Care Physician

Type of form: FMLA ($25) Disability ($25 up to 3 pages; $50 >3 pages)

Handicap Sticker/Placard Application ($0)

 Insurance Incentive form ($0) School/Sports Physical ($0)

 Work/School Excuse without an Office Visit ($15)

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ($\_\_\_\_\_)

Instructions-

Fax or Mail to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature Date

\*FORM FEE MUST BE PAID PRIOR TO FORM BEING COMPLETED □ Fee Paid $\_\_\_\_\_\_\_\_\_ □ cash

 □ card

 □ check

 Date \_\_\_\_\_\_\_ Staff Initials \_\_\_\_