



## FMLA/Disability Form Completion Intake

Patients, please complete this fmla/disability intake form and turn it in to your physician's office along with your fmla/disability paperwork. The intake form and paperwork will be forwarded to MediCopy. MediCopy will send you an invoice, forms cannot be completed prior to payment. Once payment is received your form will be completed within three business days and sent to the requesting party.

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Patient Name:

Request Date:

/ /

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DOB:

Email:

Phone:

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### FMLA/Disability Form Information

Treating physician's name:

Time off is: (Circle one)

**Intermittent** or **Continuous**

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Time off start date:

Estimated return to work date:

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Additional information:

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### Delivery Information (Where is the form being sent? Ex: Insurance company, HR company, etc.)

Name:

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Email:

Phone:

Fax:

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Address:

City:

State:

Zip:

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☐ I understand that there will be a fee involved for form completion services.