



## REQUEST FOR FORM COMPLETION

**Please allow 7-10 days to process forms.**

We will be happy to assist you with the completion of your form(s). Each form submitted must have the patient/employee section completed before submitting it to our office. We will process your form(s) as quickly as possible. However, we cannot guarantee that the forms will be completed by the date needed if brought to our office less than 7 days prior to the date needed.

There may be a charge associated with the completion of your form(s). This will not be paid by your insurance. Payment is due when dropping off or picking up your form(s).

### FORM COMPLETION = \$20 PER FORM

- FMLA
- Short-term or long-term disability
- Physician letter supporting medical condition, with or without medical records
- Jury duty excusal letter
- Handicap placard form

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DATE: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Person Leaving Form: \_\_\_\_\_

Telephone number to contact with questions: \_\_\_\_\_

Fax number to send form: \_\_\_\_\_

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REASON FOR FORM:

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SPECIAL INSTRUCTIONS/INFORMATION TO INCLUDE: