Green Valley Orthopedics

Short Term Disability / FMLA Forms

There is a $25.00 fee for each disability/FMLA form that needs completed.
Please allow up to 5 business days for your form(s) to be completed.

Patient's Name: _____ Date of Birth: _____

Phone number to be reached during normal business hours:_____

If your form is for disability/leave of absence:
When was (or will be) your first day out of work?_____

How long do you and Dr. Koe anticipate that you will be out of work? _____
If you have already returned to work, on what date did you return? _____

If you would like your form to be faxed to your insurance carrier or employer, please make sure the fax number is on the form. If it is not on the form, please provide the fax number:
Fax #: _____ Attention: _____

If you would like to pick up your form, you will receive a phone call at the number written above once your form is ready to be picked up.

Authorization to release information: I hereby authorize Green Valley Orthopedics to release to my insurance carrier(s), or employer, as indicated above, concerning my treatment and diagnosis.

Signature of Patient: _____Date: _____

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