



MILL CREEK OB|GYN
Specialists in Women's Healthcare

15808 Mill Creek Blvd • Suite 200 • Mill Creek, WA 98012
• (425) 673-3420 • Fax (425) 673-3423

**Request for Disability/FMLA form to
be filled out**

I, _____, understand that at the time of request to have the Disability/FMLA form filled out, I agree to pay \$20.00 for this service. Mill Creek OB/GYN has up to ten (10) business days to fill out the form.

Mill Creek *will contact you* when the form is complete. Please do not call our office.

When is start date of time off? _____

How much time off will be taken? _____

Would you like to pick up this form? If so, please leave the number you would like to be reached at when it is ready? _____

Would you like for us to fax this form? If so, please leave fax number

Would you like this form mailed? If so where to?

Note: Up to three forms are required for leave: Attending Physician Statement, FMLA and Short Term Disability. In order to get your benefits

in timely matter please bring in these forms together and as soon as you receive them from your employer.

Patient signature

Date