

## Work Release Information

**(Please allow 7 business days for completion)**

Paperwork will take longer to complete if information below is missing.

**Patient Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Patient's Date of Birth:** \_\_\_\_\_

**Which Provider Do You See?** \_\_\_\_\_

**Reason for Time Off?** \_\_\_\_\_

### **Type of Leave Needed:**

**Intermittent Leave: from** \_\_\_\_\_ **to** \_\_\_\_\_  
(Start Date) (Return to Work Date)

Intermittent Leave is continuing to work but leaving work when necessary and must be discussed with your provider.

**Continuous Leave: from** \_\_\_\_\_ **to** \_\_\_\_\_  
(Start Date) (Return to Work Date)

Continuous Leave is stopping work on a set date and staying out of work until your return date.

If dates are not completed, beginning date will be the date of surgery or your Estimated Due Date (EDD). Normal disability leave for vaginal delivery is 6 weeks; C-section delivery is 8 weeks; and total FMLA for pregnancy is 12 weeks. Please discuss disability leave for surgery with your doctor. Lastly, please be aware that we make recommendations for time out of work, but final decisions are determined by your employer.

**As a courtesy to our patients, paperwork will be faxed or emailed one time only; if not received, you will need to pick it up from our office.**

### **Delivery Method:**

\_\_\_ **Pick Up** \_\_\_ **Fax to** \_\_\_\_\_ \_\_\_ **Email to** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Clinic Initials:** \_\_\_\_\_

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