

Ozark Surgical Associates

Please fill out **All** information. If not **COMPLETELY** filled out, this will **cause a delay in completion of your paperwork**. Please allow **3 business days** for paperwork to be completed. There is a **\$5 fee for each processing of the paperwork**. **Date:** _____

Patient Name: _____ **DOB:** _____

Surgery Date: _____ **Surgery Type:** _____

Date return to light duty at work (even if it is an estimated date): _____

Date returning to full duty: (even if it is an estimated date): _____

Please **circle** the way you want to have the FMLA paperwork returned:

Mail

Fax

Pickup (office will call when completed)

Attn: _____

Address: _____

Fax Number: _____

Completed by: _____ **Faxed:** _____ **FMLA \$5.00 Fee paid:** _____