David W. Thomas, MD
Paul B. Hunter, MD
Scott A. Naegele, MD
Sandra L. Cottle, CNM
830 Pennsylvania Avenue, Suite 402
Charleston, WV 25302
(304) 343-4177 Fax (304) 343-0875

RELEASE OF INFORMATION

FOR ATTACHEMENT TO ALL FMLA AND SHORT TERM DISABILITY FORMS

Patient Name:____

DOB:________/________/________ SSN:______________________________

Reason to be off work: (Please Circle) Pregnancy Surgery

Starting date of disability: ________/________/________

Anticipated return to work date:________/________/________

What are your pregnancy complications, if any?______________________

____

Date of your Post Partum or Post Operative Appointment: ________/________/________

What do you want done with your information?

_______ Will Pick It Up

_______Fax It To:______-______-______ Attention:______________________

_______Mail It To This Address: ______________________________
____
____

Phone number if additional information is needed:______-______-______

<u>I hereby give my permission to release any information for Family Medical Leave Act or Short Term Disability pertaining to my Pregnancy or Surgery.</u>

Patient Signature:______________________________Date:______/______/______