600 New Waverly Place, Suite 310
Cary, NC 27518
(919) 678-6900 phone
(919) 678-6901 fax

Please allow 7 - 10 business days for completion

Please ensure that both you and your employer have completed your sections of the forms. If the necessary sections have not been completed, we will NOT be able to complete your forms. We suggest you call to verify if your form is ready before coming to pick it up. ** I am aware that a one time fee of $25 will be collected at time of service. **Do not forget to sign the bottom of the page which allows us to release your information.** Complete the following:

Name: _____ Date of Birth _____ / _____ / _____

Phone Number: (_____) _____

Please check one of the following. You would like your forms:

Pick up: _____ Pick up Date desired: _____ / _____ / _____

Fax: _____ Fax #: (_____) _____ Attention: _____

Mail: _____ Address: _____

First day you will be unable to work due to your condition & reason:

_____

I authorize the disclosure of my protected health information to (ex: Employer):

_____

As pertains to the condition and treatment of (ex. Pregnancy):

_____

For the purpose of (ex: FMLA, Short Term Disability):

_____

Signature: _____ Date: _____ / _____ / _____