# Celebration Obstetrics and Gynecology

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Celebration, Florida 34747

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Davenport, Florida 33837

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www.celebrationobgyn.com

Fax 407-566-2499

## FMLA/DISABILITY DOCUMENTS

Patient Name:________________________________________________________

D.O.B:______________________________________________________________

Person for whom the FMLA/Disability is for: *ex: self or spouse name:*

____________________________________________________________________

Signature & Dates:____________________________________________________

**PLEASE NOTE IT MAY TAKE APPROX 5-7 BUSINESS DAYS OR MORE!**

Patients Notes:_______________________________________________________________________________

____________________________________________________________________________________________

***If you would like your documents FAXED, please read below and complete the necessary information:**
**Please write clearly.** Payment must be made prior to Faxing

I,________________________________, hereby authorize CELEBRATION OBSTETRICS AND GYNOCOLOGY
to release to the following:

Name of Organization:_____________________________________________________________________

Fax:____________________________________

Atten to whom:____________________________

Signature & Date:_________________________________________________________________________

**SECTION TO BE FILLED OUT BY OFFICE STAFF: CHART #____________**

**RECEIVED ON:______________________ BY: PERSON OR FAX**

**PAID: CIRCLE: YES – $25 NO – ON PICK UP; PAYMENT ON:_____________; PAYED PRIOR:______________**

**STAFF INITIAL:_____________ GYN OR OB**