

DOCTORS EICHENLAUB AND MAY  
Obstetrics & Gynecology

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FMLA & DISABILITY FORMS

Please complete this form so we may best address the questions on your FMLA and/or disability forms.

Forms can take up to 1 week to be completed

1. Have you completed areas of the form to be filled out by the patient? \_\_\_\_\_

2. Due Date/C-section date (if pregnant) \_\_\_\_/\_\_\_\_/\_\_\_\_

Surgery Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: \_\_\_\_\_

3. Where do you want completed form to go? Forms can be picked up or faxed.

We cannot email forms.

\_\_\_\_\_ Pick up

\_\_\_\_\_ Mail to me

\_\_\_\_\_ Fax to (name) \_\_\_\_\_ (fax number) \_\_\_\_\_

4. Have you paid your \$10 fee, per form? \_\_\_\_\_ Fee collected by: \_\_\_\_\_

Your signature gives us permission to release information to your employer and insurance company.

\_\_\_\_\_  
Patient signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Printed name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Today's date

\_\_\_\_\_  
MRN