**Medical Leave Information**

OAKLAND MACOMB OB/GYN

1. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Medical Leave Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
we can only estimate future dates for medical leave, as that may change.
3. Last date worked\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Estimated Date of Delivery\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Scheduled C-Section date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Scheduled induction date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Delivery Date (if already delivered)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Vaginal or C-Section Delivery\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Gyn. Surgery \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Estimated Return To Work Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax # to send finished report\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A copy will be mailed to your home for your records.

**Please allow 1 week for disability forms to be filled out,**

**signed by the doctor and faxed to your employer.**

***There is an office charge of $20.00 per form.***

We will be happy to answer any question you may have.

Thank you,

Elise (OB Medical Leave) Marie Magnan – (Gyn Medical Leave)

248-997-5805 ext 2005 248-218-4086