

**Moreland OB-GYN Associates, S.C.**  
**Family Medical Leave (FMLA) and Disability Forms**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Physician: \_\_\_\_\_

Is this paperwork for the patient or spouse: \_\_\_\_\_

Please make sure the patient information section of your medical leave paperwork has been completed and signed. We need your signature in order to release information.

Notice: It is the practice of Moreland OB-GYN to complete paperwork for the time off that is medically necessary for each incident, unless discussed with the physician.

**FOR PREGNANCY (If applicable):**

Estimated Due Date: \_\_\_\_\_  
First day of medical leave: \_\_\_\_\_  
If prior to Due Date reason: \_\_\_\_\_  
Anticipated amount of time off: \_\_\_\_\_  
Scheduled Cesarean Section date: \_\_\_\_\_  
Date you anticipate returning to work: \_\_\_\_\_

**FOR SURGERY (If applicable):**

Date of Surgery: \_\_\_\_\_  
First day of medical leave (if different): \_\_\_\_\_  
Anticipated amount of time off: \_\_\_\_\_  
Date you anticipate returning to work: \_\_\_\_\_

**Submitting Paperwork:**

(Check all boxes that apply)

Please write in any phone numbers or addresses.

☐ **Mail form to:**

Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

☐ **Pick up form at the Waukesha location (1111 Delafield Street, Suite 311):**

☐ **Pick up form at the Oconomowoc hospital location (785 Summit Ave, Suite 203):**

Phone number to call when ready for pick up: \_\_\_\_\_

☐ **Email form to:**

Email: \_\_\_\_\_

☐ **Fax form to:**

Fax number: \_\_\_\_\_

Please understand that Moreland OB-GYN Associates, S.C. will provide the information within **7-10 business days** from the original request. If you have any questions, please feel free to contact our office.

-----Employee use only-----

Patient Label: \_\_\_\_\_

Employee initials: \_\_\_\_\_

Date: \_\_\_\_\_

Disability Log ☐