



Comprehensive Obesity Management Program
 6535 North Charles Street, Suite 125
 Baltimore, MD 21204
 443-849-3779 * fax 443-849-3767

FMLA Paperwork Procedure

- Please complete this form and attach it to the top of your FMLA paperwork
- Allow 10 business days for your paperwork to be completed.
- There is a processing fee of \$10/single page or \$25/multiple pages that must be paid before paperwork will be completed.
- Forms can be dropped off or faxed during normal business hours.

Patient Name: _____

Date of Birth: _____ **Phone Number:** _____

PLEASE CIRCLE

Surgery to be Performed: SLEEVE BYPASS REVISION OTHER

Date of Surgery: _____ **Surgeon:** DOVEC BELLO FRIESEN

You plan to take: 1 WEEK 2 WEEKS 3 WEEKS 4 WEEKS

Spouse/Caregiver is only allowed 1 week

Forms Provided: FMLA DISABILITY*

**For disability forms, you MUST provide a consent to release medical information form or it will not be submitted.*

EMPLOYER FAX # TO RETURN FORMS: _____

Your signature below acknowledges that you have read and understand our policy for completing any medical form(s) that you will need for missed time from work, insurance purposes, etc. You will receive all forms by the US Postal service; they will NOT be emailed.

Signature

Date

PAYMENT INFORMATION IS REQUIRED FOR PROCESSING

Credit Card #: _____

Expiration Date: _____

CC Code (from back of card): _____

Please fax completed forms to: 443.849.3767