



Mercy Clinic Orthopedics – Town and Country and Sunset Hills
Mercy Clinic Orthopedic Surgery – Clayton-Clarkson and Emerson Rd.
314.966.0111

Patient name: _____ D.O.B.: _____

M.R.N.: _____ Physician name: _____

Dates Requesting FMLA/DISABILITY for: _____

Authorization to Release Information: Attached Requested

Specific job function: *Circle one:*

Primarily standing work

Seated work

Type of leave requested: *Circle one:*

Continuous Intermittent: ____ days per week ____ month(s) ____ hours per day

Completed form should be:

- Faxed - number: _____ Attn: _____
- Mailed to: _____

- Picked up by patient (call when ready)
Phone number: _____

For office use only:

Amount Collected: CC _____ Cash _____ Check _____

Received/logged in by: _____ Date: _____

Forms forwarded to: _____ Date: _____