

Patient's Name: _____

Today's Date: _____

1. **Date of Surgery:** _____
2. **First day off Work:** _____
3. **Return to Work Date:** _____
4. **Dr.'s Name:** Dr. Brown Dr. McIntosh Dr. Lucas Dr. Herman
5. **Do you want these forms:** Mailed to the patient/Mailed to company/Picked up/Faxed
6. **Is this your first form filled out by our office?** Yes / No
7. **Phone Number for Esis or Unisource, if employer is automotive:** _____
8. **Any Comments:** _____

Guidelines for the following page:
Disability Forms

1. This line is for the name of the company that we are releasing the disability forms to. i.e. "Unicare", "Aflac", "Sedgewick", "Ford", "Beaumont" etc.

2. The type of information we are releasing; i.e. "Work and medical information"

3. An exact expiration date at least 90 days from the surgery date, i.e. "01/01/2007"
