SANO

Office: 816-525-2840 | Fax: 816-525-2841

Number of Forms: _____

Total Due: _____

Payment Received: YES or NO

FMLA & SHORT-TERM DISABILITY

*The fee for FMLA and short-term disability paperwork is $25 and due prior to processing. Our goal is to process your form expediently. Provider will complete paperwork 7 – 10 business days **after** surgery. If patient's employer needs something prior to the date of surgery, a letter can be provided.*

Patient Name: _____ Date of Birth: _____

Address: _____ City: _____ State _____ Zip: _____

Email: _____ Phone: _____

Physician: _____ First date off work: _____ Estimated return to work: _____

Workers comp claim: YES or NO Other reasons for needing this form: _____

Authorization

I authorize Advanced Orthopedics & Sports Medicine d/b/a Sano Orthopedics to release the completed forms and/or disclosure of any patient health information to:

Name/Organization: _____

Address: _____ City: _____ State _____ Zip: _____

Phone: _____ Fax: _____

Send completed information via:

- ☐ Fax forms Attention: _____ Fax: _____
- ☐ Mail to patient home address
- ☐ Upload to Patient Portal
- ☐ Patient will pick up; call once available
- ☐ Other _____

Signatures

Patient/Authorized Representative Signature _____ Date: _____

Printed Name of Authorized Representative: _____ Relationship to Patient: _____

Witness Signature: _____ Date: _____