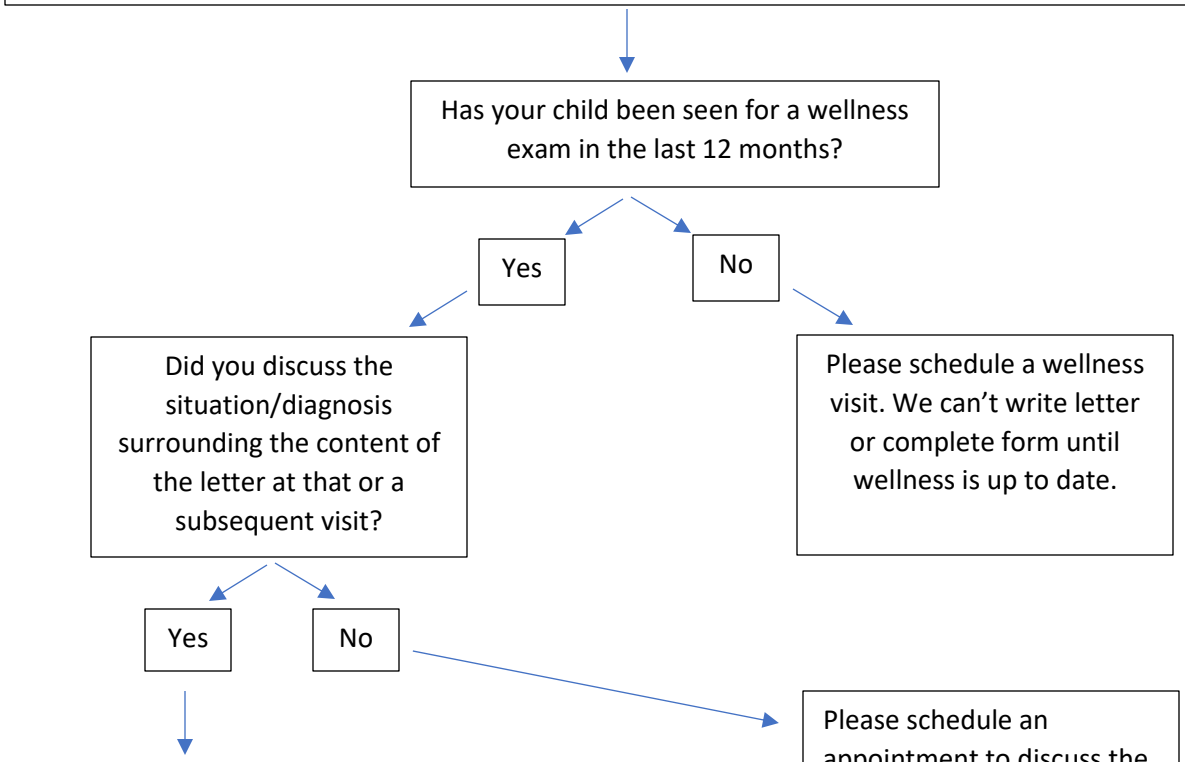
I need FMLA forms completed



Please complete the form (attached) in full. Please note we can't complete the FMLA request if any missing information.

- Allow 15 business days for completion.
- Any applicable fees must be collected before completed documents will be provided.
- Expedited requests (when able to provide) have an additional fee.
- Return the form to our Medical Records Department.
    - *9095 N. Hess St.*
      Hayden, ID 83835

Coeur d'Alene Pediatrics
Pediatrics • Adolescent Medicine

FMLA Completion Request

In order to complete your form, we request that you complete all of the parental/patient information required on the form you are asking the Provider to fill out. We also request that you complete the following information:

Patient Name and DOB: *(Please Print)*	
Your Name, Relationship to Patient, and Phone Number: *(Please Print)*	
Diagnosis for which FMLA is being requested:	
Which Provider Evaluated Child/Self Regarding Diagnosis?	
Date of last visit regarding diagnosis:	
Other Clinics/Facilities Treating Diagnosis: *(Ex: Physical Therapy, Shriners, etc.)*	
Dates of leave requested: *(Please provide specific dates)*	**Start:** **End:**
Date form/letter is needed: *(If needed sooner than 10-15 Business days, Expedited Fee of $10 will be added)*	
Special Requests/Information you would like included:	
Signature and Today's Date:	
Which office would you prefer for pickup? *(Please circle)* **Or** **Please mail to:** *(We cannot Fax or Email)*	Coeur d'Alene Post Falls Hayden

FOR STAFF USE ONLY

FRONT		
Form information completed	Yes	No
Visit needed	Yes	No
Expedite	Yes	No
Date routed to medical records:		
Staff initials:		

MEDICAL RECORDS		
Fee required	Yes	
Expedited fee collected	Yes	No
Date fee collected:		

Date routed to front for pickup:
Staff initials:

Date picked up by patient/parent:
Staff initials:

Date form mailed:
Staff initials: