

# **NOTICE**

## **DOCUMENT REQUEST**

All patients needing documentation regarding:  
FMLA, Disability, Record, etc.

**Send to:**

**[info@absspecialists.com](mailto:info@absspecialists.com) or**

**Fax to 361-570-8586**

Forms must be filled out with at least the patient's name, address, DOB, email and number. IF these forms are missing any of this info the process cannot be completed. Note: If it is a records request we may ask you to update the form to release record info.

**Please allow a MINIMUM of  
two (2) weeks for completion.**

Thank you,  
Management