Trinity Bariatric Surgery
Buffalo's Weight Loss Surgical Solution

OFFICE USE ONLY	
DATE RCVD	
PAID	
INITIALS	

DISABILITY / FMLA PAPERWORK REQUEST FORM

PATIENT INFORMATION **Request #** ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

NAME	DATE OF BIRTH
PROCEDURE	
SURGERY DATE	
PROVIDER	

FORMS
- Initial service charge: **$10**
- Subsequent paperwork: **$5 / additional form(s)**
- Payment is the sole responsibility of the patient and it is expected prior to completion of documentation.
- Return to Work & Excusal notes are provided for patients free of charge.

Please allow 7-10 **business** days for form completion from date paperwork is received in the office.

☐ FMLA (FAMILY & MEDICAL LEAVE ACT)	Paperwork may be submitted to your employer prior to your proposed surgery date
☐ DISABILITY / PHYSICIAN'S STATEMENT	Paperwork will not be completed until after your surgical procedure

DELIVERY METHOD

☐ FAX TO EMPLOYER / FAX NUMBER: _____

☐ PICK-UP IN OFFICE

I AUTHORIZE RELEASE OF MY PROTECTED HEALTH INFORMATION FOR THE PURPOSE OF COMPLETING FORM(S).

SIGNATURE_____

DATE_____

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