

Date: _____

Iowa Ortho is happy to take the time to document the necessary information for you regarding your disability or FMLA paperwork. Please complete the following steps:

Step 1: Document patient information:

Patient Name:
Date of Birth:
Phone number:
Attending Iowa Ortho Physician:

Step 2: Provide the name and address of where the completed disability/FMLA document should be returned:

Name:
Address:
City:
State:
Zip:

Step 3: Include a check, money order, or credit card information (see below) to cover the \$10 processing fee for each form to be completed.

IF PAYING BY CREDIT CARD, PLEASE SELECT CORRECT CARD AND FILL OUT BELOW:			
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	CVS #
PATIENT NAME		ACCT #	
CARD NUMBER		EXP. DATE	
SIGNATURE		DATE	

Step 4: Return this document, your processing fee(s) and disability and/or FMLA paperwork to:

USMAIL:

Iowa Ortho
Attn: Disability/FMLA
450 Laurel, Suite A
Des Moines, IA 50314

FAX:

515-248-8888

(For office use only: post to acct: _____)