



Division of Gynecologic Oncology

E-MRN \_\_\_\_\_

**Disability/ FMLA Information Sheet**

Please fill out this form to help us complete your disability paperwork. We ask that you allow us at least 7 business days to complete this request.

**Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Name of person completing form** \_\_\_\_\_

**Relation to patient:** \_\_\_\_\_

**Telephone#:** \_\_\_\_\_

**Date of surgery or disability:** \_\_\_\_\_

**Hospitalization dates:** \_\_\_\_\_ **to** \_\_\_\_\_

**First day out of work:** \_\_\_\_\_ **Date of return to work** \_\_\_\_\_

**Please check one:**

\_\_\_\_\_ **Please call me at** \_\_\_\_\_, **I will pick up the forms.**

\_\_\_\_\_ **Please fax to (company and fax#)** \_\_\_\_\_

\_\_\_\_\_ **Please mail form to** \_\_\_\_\_

**Please sign here:** \_\_\_\_\_

Thank you for helping us to complete your insurance forms. Please call us at (585) 442-8020 with any questions or additional information regarding your request.



University of Rochester Medical Center  
Wilmot Cancer Institute  
125 Lattimore Road, Suite 258  
Rochester, NY 14620  
Phone: (585) 442-8020  
Fax: (585) 442-8039