Capital Health Surgical Group – Gynecology / Gynecologic Oncology

DISABILITY FORMS

TO BE COMPLETED BY PATIENT WHEN SUBMITTING DISABILITY FORMS

PLEASE NOTE: Forms are completed AFTER surgery and are completed on a weekly basis.

Questions: Please call Christine Cooper at 609-537-6747 Fax: 609-537-6771

WE APPRECIATE YOUR PATIENCE. THANK YOU.

PATIENT'S NAME _____

TODAY'S DATE _____

LAST DATE OF WORK _____ TYPE OF WORK _____

DOES YOUR JOB REQUIRE HEAVY LIFTING? _____

TYPE OF SURGERY_____

DATE OF SURGERY _____

DOCTOR PERFORMING SURGERY _____

EXPECTED DATE OF RETURN TO WORK _____

<u>WHEN FORMS ARE COMPLETED:</u>

Please check off:

MAIL TO: ☐ Patient ☐ Insurance Company ☐ Employer

Address: _____

FAX TO: ☐ Patient ☐ Insurance Company ☐ Employer

FAX #: _____