

Medical Leave Information
OAKLAND MACOMB OB/GYN

1. Name _____ Phone _____
2. Medical Leave Date _____
We can only estimate future dates for medical leave, as that may change.
3. Last date worked _____
4. Estimated Date of Delivery _____
5. Scheduled C-Section date _____
6. Scheduled induction date _____
7. Delivery Date (if already delivered) _____
8. Vaginal or C-Section Delivery _____
9. Gyn. Surgery _____
10. Estimated Return To Work Date _____

Fax # to send finished report _____
A copy will be mailed to your home for your records.

**Please allow 1 week for disability forms to be filled out,
signed by the doctor and faxed to your employer.**

There is an office charge of \$10.00 per form.

We will be happy to answer any question you may have.

Thank you,

Sarah Frink – (OB Medical Leave)
248-997-5805 Ext. 111

Marie Magnan – (Gyn Medical Leave)
248-997-5805 Ext. 109