

FORM REQUEST

- 1. There is a \$25.00 charge that will be collected before forms are completed by the physician.**
- 2. Please complete ALL personal information on this form and complete ALL patient information on the form you are submitting. We can not complete your form unless ALL areas are completely filled in.**
- 3. Forms will be completed within 3 – 10 business days.**

Patient Name: _____

Patient DOB: _____

Physician: _____

The information below MUST be completed in order for the physician to complete the form.

Patient Occupation: _____

First date OFF of work: ____/____/____

Return to work date: ____/____/____

▪ Is lifting required for your job: Yes No If yes, what is the maximum weight required? _____

▪ Form dropped off in: Annapolis Columbia Glen Burnie Kent Island Laurel Odenton

Type of form to be completed: Disability Insurance FMLA Other _____

Original Forms Required: Yes No

When complete, form should be:

Mailed to: _____

Faxed to: _____

Picked up at: Annapolis Columbia Glen Burnie Kent Island Laurel Odenton

Date completed form needed: ____/____/____

After completion of this form please return by fax or mail:
ENTAA Care
802 Landmark Drive
Suite 120
Glen Burnie, MD 21061
Fax: (410) 367-2464

To be completed by ENTAA Care Staff only:

Original form scanned and tasked to Dr. _____

Original form put in Dr. _____ mailbox in the _____ office.

Employee name: _____ Date: ____/____/____

Completed form given to _____ (front desk employee) by _____ (clinical employee) date: _____

Forms mailed by: Employee name: _____ Date: _____

FEE: \$25.00
PAYMENT METHOD: CHECK # _____ CHARGE _____ (v/mc, amex, disc) DATE OF PAYMENT: ____/____/____