

Medical Leave Information
OAKLAND MACOMB OB/GYN

1. Name _____
2. Medical Leave Date _____
Please note we can not put future dates for medical leave, as that may change.
3. Last date worked _____
4. Gyn. Surgery _____
5. Estimated Date of Delivery _____
6. Scheduled C-Section date _____
7. Scheduled induction date _____
8. Delivery Date (if already delivered) _____
9. Vaginal or C-Section Delivery _____

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 for forms to be filled out.

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

Thank you,

Marie Magnan
248-997-5805 Ex. 109