



DISABILITY REQUEST

DISABILITY OR OTHER PAPERWORK

All outside paperwork is completed free of charge on Friday afternoons. Please allow 1-2 weeks for your paperwork to be completed. You can usually obtain necessary disability forms from your employer (or the California EDD website at: <http://www.edd.ca.gov/Disability/>.) **Complete all information on this form** to ensure prompt and accurate completion of your forms.

Please submit all forms to our staff the front desk. Please **DO NOT** hand your paperwork directly to the doctor. If you have any questions about your disability (i.e. restrictions, return to work date, etc.) please ask the doctor while you are being seen and include that information below.

PATIENT DISABILITY INFORMATION

Patient Name: (please print legibly) _____

Date you would like disability to begin: ____ / ____ / ____

Date you would like to return to work/ have returned to work: ____ / ____ / ____

Date of surgery with (check one): **Dr. Bickel** **Dr. Lang:** ____ / ____ / ____

Would you like us to call when forms can be picked up? If so, phone # _____

OR Address or fax number to submit your forms:

Additional information or restrictions to include:
