

Name: _____

DOB: _____

FMLA documentation will be completed within 7-10 days of receiving all required documentation below

- What is your planned surgery date?

- What is the first day you will be away from work?
 - If that date is prior to the day of surgery please be specific as to why?
(Disability/FMLA coverage typically will not cover your absence prior to surgery)

- When do you plan to return to work? (Be specific with dates, with/without restrictions)

Typical return to work with restrictions:

Microdiscectomy: 1-2 weeks
Posterior Cervical Decompression: 1-2 weeks
Anterior Neck Fusion (ACDF): 3-4 weeks
Artificial Disc Replacement: 3-4 weeks
Lumbar Laminectomy: 3-4 weeks
Lumbar Fusion: 4-6 weeks
Spinal Cord Stimulator: 1-2 weeks

- Are there any specific restrictions that need to be in place for your job?

- Who do these forms need to be submitted too?

- Name:
- Title:
- Phone:
- Fax:
- Email: