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Phone: (302) 652-8990
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FMLA/Disability Questionnaire and Payment Form

Patient Name: ____

Date of Birth: ______________________ Urologist: ______________________________

Last Date of Work: ____

Are these forms for the patient **or** a caregiver (circle one): Patient Caregiver

Phone Number to contact once the forms are completed: (_______) _______-________

Please circle which office the forms are to be picked up once completed:

Wilmington Christiana, Helen F. Graham Glasgow Middletown

(Please be aware only the Wilmington and Christiana locations are open Monday – Friday)

If forms are to be faxed, please list the name of the person, location, and fax number:

____

____

____

____

There is a $30.00 charge for the completion of forms. Please allow a minimum of 72 business hours for forms to be completed and sent.

FOR OFFICE USE ONLY

Date forms received: ____________________ Date forms completed: ___________________

Form Fee: $30.00 Paid by: CASH CREDIT CARD (Type: _____) CHECK (Number: ____)

Foulk Road Office Park Plaza
2000 Foulk Road
Suite F
Wilmington, DE 19810

Helen F. Graham Cancer Center
4701 Ogletown-Stanton Road
Suite 4500
Newark, DE 19713

Blue Heron Pavilion
272 Carter Drive
Suite 200
Middletown, DE 19709