



To Whom It May Concern:

This letter is to confirm that I have applied for short-term disability/FMLA with my company. This letter is being sent in order to indicate my intention for your office to release information to them in order to process my short-term disability/FMLA claim. I understand there is a \$25.00 fee for this service.

If you have any questions or require further clarification, please feel free to contact the office at 312-642-9844.

Thank you,

NOGC

Patient name (print): _____

Patient Signature: _____

How many weeks will you be requesting? _____

Would you like your forms emailed to you or sent directly to employer? _____

Email address: _____

Date: _____