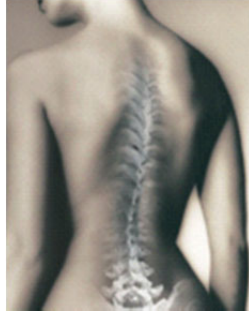


Advanced Pain Management Center
Dr.Satish Sharma,MD



9029 S Pecos, Ste #2800 Henderson NV 89074
630 S Rancho Dr Ste H Las Vegas NV 89106
Phone: 702-739-8323 Fax: 702-739-8605

FMLA

Name: _____

DOB: _____

Please read the following disclaimer: A **\$25.00 fee** will apply for EVERY packet needing to be filled out by the Provider, fee is to be paid prior to forms being filled out. **Allow 5-7 business days for turn around and completion time.** The office of Dr. Sharma is not responsible for submitting forms to employer as a courtesy, forms will be faxed once to the provided number patient lists. All hard copies will be in office ready for patient to pick up once completed.

Is this a _____ Continuous _____ Intermittent leave.

Is this a _____ renewal _____ 1st time receiving FMLA?

Please list the probable cause: What is the reason/issue you are requesting forms, for example back pain, neck pain.

***For any further questions or concerns regarding FMLA please Email info@paindoclv.com Please be sure to specify the needs of your request and we will get back to you in a timely fashion.**