



**About Women By Women, PC**  
Obstetrics · Gynecology · Infertility

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**Request for Preparation of  
Disability Forms for Pregnancy**

*To be filled out by the patient and accompany the disability forms*

\_\_\_\_\_  
Your Name \_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Your DOB \_\_\_\_\_  
Your physician's name

\_\_\_\_\_  
Expected delivery date \_\_\_\_\_  
Date Leave should begin \_\_\_\_\_  
How long leave is expected to be

\_\_\_\_\_  
Your Occupation

\_\_\_\_\_  
Your Employer

When do you expect to be back to pick up these forms? \_\_\_\_\_

If you aren't picking up the forms, where do they need to be sent?  
\_\_\_\_\_  
\_\_\_\_\_

What is the best way for us to be in touch with you?  
\_\_\_\_\_  
\_\_\_\_\_

About Women by Women charges \$30.00 for the preparation of disability forms.  
Payment is expected in advance.  
Thank you!