



Richard A. Cohn, MD
Diplomate American Board of Ophthalmology
Diseases and Surgery of the Eye
Glaucoma Specialist

**PATIENT FORM COMPLETION
(FEES AND INVOICE)**

DATE: _____

PATIENT NAME: _____

PATIENT DOB: _____

Requested Form:

- ☐ Permanent Disability Forms: \$50
- ☐ Short Term Disability Forms: \$40
- ☐ FMLA/FAA Paperwork: \$35
- ☐ Motor Vehicle Drivers Form: \$25
- ☐ Handicap Parking Permit: \$25
- ☐ Letters: \$25
- ☐ Other form: Call Office

Amount Due: _____

Patients must be current on all office visits for forms to be completed.

Please allow 1 week for pickup of completed forms. You will be called when forms are ready.

Please remit this completed invoice (along with payment and your forms) to our office at:

Cohn Eye Center
260 Lookout Place, Suite 105
Maitland, FL 32751