



Miller Rehab Driving
MillerRehabDriving.com

2002 Timberloch Pl. Suite 200
The Woodlands, Texas 77380

Physician's Referral

Patient's Name: _____

Address:

Telephone (H): _____ Telephone (W): _____

E-Mail Address: _____

Referral Date: _____ Date of Birth: _____

Diagnosis and ICD10 Code:

OT Evaluation for Pre-driving Assessment.

From a medical standpoint, this patient can participate in an Adaptive Mobility Driver Training Program which includes a clinical cognitive/physical evaluation, as well as in car on the road sessions (Medical permission required.)

Physician's Signature:

(Print Physician Name and Address)

Physician's Telephone: _____

Physician's Fax: _____

M.R.D.
Office: 713-855-3306
Fax: 281-955-0761

Accelerate To Independence