



**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From a medical standpoint, this patient can participate in an Adaptive Mobility Driver Training Program. Including, but not limited to, a behind the wheel evaluation and/or adaptive driving 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**