UF | SmartDriver Rehab
UNIVERSITY of FLORIDA

Provider Referral

Patient name	DOB
Primary Diagnosis	ICD10 code(s)
Referring physician/provider (please print name)	Facility
Physician/provider signature	Fax#

The patient has been seizure free for at least 6 months. ☐ Yes ☐ No ☐ Unknown ☐ N/A

The patient is medically cleared to participate in a driving evaluation with SmartDriver™ Rehabilitation Services. ☐ Yes ☐ No

Specific concerns for driving if any _____

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Please attach a copy of the Patient Snapshot from Epic and fax with this referral to 352-627-4760