

# **SAMPLE DMV LETTER**

PHYSICIAN LETTERHEAD OR SCRIPT PAD THAT INCLUDES:

NAME OF PHYSICIAN

ADDRESS AND PHONE NUMBER

NAME OF PATIENT

BIRTH DATE

DRIVER'S LICENSE NUMBER

SOCIAL SECURITY NUMBER IF AVAILABLE

REQUEST PATIENT NO LONGER BE ABLE TO DRIVE DUE TO PHYSICAL/MENTAL STATUS (I.E. LACK OF PROPER VISION/DEMENTIA OR ALZHEIMER'S DEMENTIA).

SIGNATURE