



MEDICAL ADVISORY BOARD (MAB) PHYSICIAN REFERRAL FORM

Important information to know before filling out this form:

Pursuant to Health and Safety Code, Title 2- Health Chapter 12, Powers & Duties of the Texas Department of State Health Services:

§12.096 Physician Report

(a) A physician licensed to practice medicine in this state may inform the Department of Public Safety of the State of Texas or the medical advisory board, orally or in writing, of the name, date of birth, and address of a patient older than 15 years of age whom the physician has diagnosed as having a disorder or disability specified in a rule of the Department of Public Safety of the State of Texas.

(b) The release of information under this section is an exception to the patient-physician privilege requirements imposed under Section 159.002, Occupations Code.

§12.098 Liability

A member of the medical advisory board, a member of a panel, a person who makes an examination for or on the recommendation of the medical advisory board, or a physician who reports to the medical advisory board or under a panel under Section 12.096 is not liable for professional opinion, recommendation, or report made under this subchapter.

Patient and Physician Information

Patient Last Name, First Name, M.I.: _____

Patient Address: _____

Patient City, State, ZIP Code: _____

Patient Date of Birth: _____

Patient Driver License Number, if known: _____

Explain any specific medical limitations to driving for this patient:

Physician Signature

Printed Name of Physician

Texas Physician License Number

Address of Physician

Telephone Number of Physician

City, State, Zip Code

PLEASE SEND THE COMPLETED FORM TO:

Fax: (512) 834-6736

Mail: Texas Department of State Health Services
Attn: Medical Advisory Board
P.O. Box 149347
Mail Code 1876
Austin, TX 78714-9347

For questions or inquiries, please call: (512) 834-6738

For general information about the DSHS Medical Advisory Board, please visit:
<http://dshs.texas.gov/medical-advisory-board/>