



Texas Department of Public Safety

Medical Information Request

DL-177 (Rev. 1/2020)

Patient Information

Date	Patient's Name	Date of Birth	Driver License Number
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Telephone Number	Email Address
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Medical concern in question

What condition(s) is the patient being treated for?

Please provide last treatment/episode, if applicable.

Is patient currently prescribed any medication(s)? Yes No
If yes, please provide the medications and what they are prescribed for.

In your medical opinion, can the patient safely operate a motor vehicle? Yes No
If no, please explain:

Do you recommend that the department conduct a driving exam for further evaluation? Yes No

Physician's Information

Signature of Physician	Specialty	License Number
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Telephone Number	Address	State
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Mail or fax completed form to:

Texas Department of Public Safety
Attn: MAB
P.O. Box 4087
Austin, TX 78773
Fax: 512-424-5311
Email: MABquestions@dps.texas.gov