



SPAULDINGTM
OUTPATIENT CENTERS

Dear

Thank you for contacting us to arrange a clinical driving evaluation with the Spaulding Rehabilitation Network. An appointment will be made when the following information and forms and payment is received.

A prescription for a pre-driving evaluation from your doctor
Sign and return disclosure statement
Completed and signed General Health form
Sign and return the bottom portion of this sheet
Photocopy of Drivers License
Vision Screen completed by Physician

Upon receipt of the above, we will call you to book your evaluation.

If you have questions while filling out the forms, or before your appointment please call us in Braintree at 617-952-6100.

**** A Pre-Driving evaluation tests a person's visual, physical and perceptual skills to be a safe driver. After completion of the evaluation an on the road evaluation may be recommended. ****

Please detach the portion below and return with your initial payment.

I _____ have enclosed the fee for my scheduled driving evaluation of \$230 (**1 check** made payable to Spaulding Rehabilitation Hospital).

I have read, signed, and returned the attached disclosure form. I understand the terms of payment for this evaluation.

If I cancel my appointment in more than one week's notice, I will receive a full refund of the evaluation fee.

If I cancel my appointment with greater than 1 day but less than 1 week's notice, I will receive a 50% refund of the evaluation fee.

If I do not show for the appointment, I will not receive any refund.

I understand the terms of the cancellation policy

(Signed)

