



Delaware Back Pain & Sports Rehabilitation Centers

Depend on us to get you better faster.

Physical Medicine & Rehabilitation / EMG

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Interventional Pain Management / Physical Medicine & Rehabilitation / EMG

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Interventional Pain Management

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 Pramod K. Yadhati, M.D.

Chiropractic Care

Brian S. Baar, D.C.
 Kristi M. Dillon, D.C.
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 Ty Harmon, D.C.
 Marjorie E. MacKenzie, D.C.
 Adam L. Maday, D.C.
 Hetal Patel, D.C., FIAMA
 Scott Schreiber, D.C., DACRB, DCBCN
 Jennifer Walder, D.C.

MEDICAL CLEARANCE FROM TREATING PHYSICIAN U.S. DOT Commercial Motor Vehicle License Physical Exam

_____ born on _____ requires medical clearance for the below medical conditions and/or medications in order to have their annual CDL Medical Exam.
 (patient name) (D.O.B.)

MEDICAL HISTORY - Check all that apply

- | | | |
|---|---|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypertension | <input type="checkbox"/> None apply |
| <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Respiratory Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Bleeding Disorders | <input type="checkbox"/> Thyroid Problems | <input type="checkbox"/> Stomach / Intestinal Problems |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Kidney / Bladder / Prostate Problems | <input type="checkbox"/> Inheritable Nerve Disease |
| <input type="checkbox"/> Addiction or Substance Abuse | <input type="checkbox"/> Mental Health / Psychiatric | <input type="checkbox"/> Neurological Problems |
| <input type="checkbox"/> Sleep Apnea | <input type="checkbox"/> Seizures | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Other Medical Diagnosis _____ | <input type="checkbox"/> Defibrillator |

List any restrictions or limitation due to the patient's medical history:

- It is my opinion that the patient's medical condition is stable, current treatment for the condition is adequate, effective and safe, and clear the patient to drive with their medical condition.
- It is my opinion that the patient's medical condition is **NOT** stable and will be re-evaluated on _____

(DATE)

MEDICATIONS

Medication	Dosage	Duration to be taken	Condition being treated

- It is my opinion that in accordance with the above directions, the medication(s) should not materially impair the patient's ability to operate a commercial motor vehicle safely.
- This patient is under my medical supervision and was last seen on _____ and will be re-evaluated on _____ to evaluate their medication to determine clearance.

 Physician's Signature

 Physician's Telephone Number

 Physician's Printed Name

 Date

Seven Convenient Locations:

Foulk Road Office	Riverside Medical Arts Complex	Omega Professional Center	Glasgow Medical Center	NEW LOCATION Middletown Office	Smyrna Office	Eden Hill Medical Center
2006 Foulk Road Suite B Wilmington, DE 19810 302-529-8783 302-529-7470 Fax	700 Lea Boulevard Suite 102 Wilmington, DE 19802 302-764-2615 302-762-4076 Fax	87 Omega Drive Building B Newark, DE 19713 302-733-0980 302-733-7495 Fax	2600 Glasgow Avenue Suite 210 Newark, DE 19702 302-832-8894 302-832-8897 Fax	124 Sleepy Hollow Drive Suite 204 Middletown, DE 19709 302-376-8080 302-378-1684 Fax	29 N. East Street Smyrna, DE 19977 302-389-2225 302-389-1003 Fax	200 Banning Street Suite 350 Dover, DE 19904 302-730-8848 302-730-8846 Fax