

DAVID J. SMITH, M.D., P.C. dba FAMILY MEDICINE OF MICHIGAN

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Timothy J. Izzo, D.O.  
Jami deVarona, MSN, RNC  
Heather M. Trudeau, PA  
Tabitha A. VanWormer, MSN, FNP-C

David J. Smith, M.D.  
President

Timothy P. Spedoske, M.D.  
Eric G. Smith, M.D.  
Shannon Biergans, FNP-BC

To Whom It May Concern:

Your patient \_\_\_\_\_ has been scheduled for a CDL medical examination at Family Medicine of Michigan. Please complete the questions below to the best of your ability.

Chronic diseases you are currently treating the patient for:

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Does the patient see any other health care providers other than yourself \_\_\_\_\_ YES \_\_\_\_\_ NO

Names of Specialists:

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Medications patient currently takes:

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Does the patient have routine follow-up appointments with you for the treatment of his/her chronic health conditions?

\_\_\_\_\_ NO \_\_\_\_\_ YES

If you are currently treating patient for diabetes, please record the last data and results of his/her glycohemoglobin \_\_\_\_\_ Date test was performed \_\_\_\_\_.

To the best of my knowledge the above information is correct.

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Signature of PCP

Date

Thank you for your time. If you have any questions please feel free to contact me.

Shannon Biergans MS,MSN,RN, FNP-BC  
Medical examiner