DL-72BD (11-21)



BIOPTIC DRIVING RE-EVALUATION FORM

Bureau of Driver Licensing, P.O. Box 68682, Harrisburg, PA 17106-8682 • (717) 787-9662 • medical@pa.gov

PAT	TIENT I	NFOR	MATION (P	'lease c	omple	te this f	orm in	n its entirety)						
DRI	DRIVER'S LICENSE NO.			LAST	NAME(S)			JR. ET			FIRST NAME				
	HEIGHT ET INCHES	SEX	EYE COLOR	D.F.	ATE OF B	BIRTH YEAR	TEL /	EPHONE NUMBE	<u> </u>		E-MAIL (i	if applicabl	le)		
STREET ADDRESS: P.O. Box number may be used in additional address, but cannot be used as the only address.					ion to the ac	ctual	CITY				STATE ZIP CODE				
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sta	atements i	made he		subject to	the pena			st of my knowled § 4904 (relating							
	Low Vision Rehabilitation Provider's Signature										Date				